69722

Class _____ . No _____

Presented by

J. J. Taylor, M.D.

$1.60

Digitized by the Internet Archive
in 2013

http://archive.org/details/wisconsin09jane

VOLUME IX

OF THE

Wisconsin Medical Recorder

J. P. THORNE, M. D., Editor and Publisher

ILLUSTRATED

January to December, 1906

JANESVILLE, WISCONSIN

Malgaignes Operation for Removal of Lower Lip 207
Malignant Disease 207
Management of Umbilical Cord: Ritter....121
Marriage and Celibacy: Wolfe....124
Medical Laws 98
Medical Treatment of Appendicitis.... 99
Medical Societies 197
Medical Progress: McKee—202, 242, 273, 300, 334, 366, 400.
Medical Profession and the Issues Which Confront It 208
Modern Therapeutics....33, 73, 107, 177, 212, 409
Metallic Electrolysis or Cataphoresis: Burdick 249
Mild Paragraphs 295
Miscellaneous Notes: Marrs....126
Mixed Toxins 55
Modern Thoerapeutics....33, 73, 107, 177, 212
Modern Education 25
Morphine Poisoning 141
Mysteries of Medicine, The: DeArmand.... 88

N

New Field for Physicians' Activity, A....170
Notes and Comments: Marrs....295
Notes on Practice: Manu....327
Nuclein in Typhoid Fever: Smith....323

O

Obstetrics: McKee 142
Observations on Dispensing....191
Obstetrical Notes: Marrs....166
Obstetrical Notes: Leech.... 13
Old Fee Table, An.... 55
Overcrowded Profession, An....310

P

Pericarditis 356
Perkin: Sir Wm. Henry 408
Peroxide of Hydrogen Injections in Membranous Croup: Candler 187
Peroxide of Hydrogen in Membranus Croup: Newman 261
Pharmacists' Grievances: The Doctor's Rights: Abbott 328
Physicians' Fees for Examination for Life Insurance Companies: Laurendeau....261
Physicians Who Dispense: Hard.... 52
Physicians As Commercial Officers.... 20
Physiology and Pathology of the Crackling Sounds of the Joints, The: Burnett.... 15
Physics of the X-Ray, with Illustrations: Burdick....1, 39, 75, 113, 145, 349, 385
Physicians and Lay Editors: Boynton....264
Pleurisy: Hopkins 46
Pneumonia: Smith 226
Poisoning by Local Application of Acetanilid, 333
Populus Monilifera: Burnett and Alter....393
Practical Paragraphs: Marrs....190
Practical Elective Surgery for General Practitioner: Miller....9, 43, 79, 116, 159, 185
Practical Notes 95
Prescribing Blindly: Boynton....163
Prescriptions: Burnett—211, 246, 279, 313, 347, 378, 411.
Prevention of Syphilis, The....364
Principles of Socialism: Mastin....129
Prickly Ash: Burnett.... 93
Pure Food Legislation....133
Purpura Hemorrhagica: Rothrock....325

Q

Question of Diagnosis, A: Landers....252
Question of Diagnosis: Abbott....292
Queries 296

R

Renal Colic 140
Rheumatism: Landers 86
Rundschau: Speier 20, 54, 97, 132, 169, 196, 233, 265, 297, 301, 364, 398
Sense of Pain, The....132
Shall Physicians Do Their Own Dispensing? 21
Shaking Down: Boynton....232
Simple Method of Sterilizing and Storing Catgut 169

S

Soap for Workers in Lead, A....234
Solution of a Problem....365
Some Suggestions for the Treatment of Summer Diarrhoeas in Children: French....225
Socialism and Medical Progress: Mastin.... 90
Stimulation 30
Stricture Dissolved by Thiosinamin....364
Strychnine: Waugh 153
Streptococcus Infection: Smith....160
Successful Treatment of a Case of Pulmonary Tuberculosis: Jones....194
Syphilis and Its Evils: Gray 90

T

Tabes Mesenterica: Buckley....123
Tea and Typhoid....376
Therapeutic Notes: Smith....362
Tonsilitis: Blanton 11
Tonsilitis: Burnett 395
Treatment of Anorexia: Burnett....329
Treatment of Dysentery: Burnett....329
Treatment of Malaria: Burnett 157
Treatment of Pneumonia in Children: Woolery 47
Treatment of Senile Cataract, The.... 56
Treatment of Uraemia: Chismond....118
Treatment of Summer Complaint of Children: Burnett 228
Truths About Sleep....296
Tuberculosis of the Carpus....171
Typhoid Fever: Blanton....255
Typhoid Fever: Vick....395

V

Vibration 342

W

Wealth of the Nation.... 71
What is the A. M. A?....234

X

X-Ray: Burdick....1, 37, 75, 113, 145, 181, 215, 249, 283, 317, 349, 385

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. IX JANUARY, 1906 No. 1

Leading Original Articles

PHYSICS OF THE X-RAY.

By Gordon G. Burdick, M. D., Chicago, Illinois.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor of Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

(Continued from page 455 December Recorder)

CARCINOMA.

It cannot be said that the technic has been as well worked out with this form of malignant disease as with sarcoma. There is always an element of uncertainty present in each case treated, and many times the technic has to be changed several times before a favorable result will be produced. "Selective filters" made from membranes and different metals, have not seemed to give as brilliant results as we get in other diseases from their use; occasionally good results, in fact remarkable results, have been obtained in this disease, by first passing the ray through a grounded barium - platinum - cyanide screen, before it is allowed to come in contact with the tumor. Equally brilliant results have followed the use of certain sensitizing agents as bi-sulphate of quinine, flourescine, sodium salicylate, and in fact several hundred chemicals respond to the radiation as a transformer, each giving out a different spectrum. This class of drugs is administered in sufficient dose to make up a required volume in the blood, and when the patient is within the radio-active field, the blood fluoresces with a brilliant light, as it passes through the active field. Many of these substances are phosphorescent as well as fluorescent, and the energy of light is conveyed to the remotest parts of the body. The latent possibilities of this method, when the "right" substance has been found, almost passes belief. If we can find a substance that will give off a dazzling light, approaching the natural solar spectrum, and one that is not poisonous, that we can render radio-active within the blood stream, the question of most bacterial infections will be definitely settled for all time, as there are few bacteria that can survive the solar spectrum for any length of time. Operators who are situated in small places, where experiments upon animals are possible, should carefully consider the possibilities of discovery along this line. The physical field is such a broad one that it is doubtful if it will be thoroughly explored in the next thousand years. As an indication

of the possibilities along this line take the Welsbach incandescent gas metal. Here we have a combination of two rare metals, doing what neither can do alone, and moreover that they can do it only when mixed in exact proportion, thorium 99 per cent with cerium 1 per cent. This combination giving a light under the energy of heat that resembles the solar spectrum, moreover it seems to be a constant affair lasting for years without deterioration. It is true the mantle as constructed, may be covered with carbon after use, but the active ingredient may be recovered and used separately. This shows the possibilities of accidental association.

The technic that I have used in the treatment of carcinoma, has been to calculate the penetration so that the ray comes at rest within the tissue, as work is done only when the ray is arrested in its passage through space, as the human body, may act as both a transformer and a transmitter, depending upon the velocity of the wave and the definite resistance offered by the tissue transversed. This may be better understood by analogy. If we take a beam of light, and by passing it through a convex lens, we gather all of the pencils of rays together and bring them to a fine point. If we will place a thermometer or inflammable material at the apex of the focus, we will appreciate the fact that work is being done, as the thermometer begins to raise rapidly, and eventually a flame will start in our material. All this shows that work is being done at the focus of the lens. If we have carefully measured the temperature of the lens, we will find that it has not increased perceptibly, in other words, it has acted as a transmitter, it has carried the energy but has not absorbed a great amount of it. If we now cover the lens with lampblack, we will find that the energy is no longer transmitted but is absorbed, and that its temperature is rapidly raised. This point is a very important one in X-ray treatment.

We cannot expect to treat diseases of the skin with a ray that will go through a brick wall. This fact was born in upon me in the earlier day, when we just began to use the X-ray therapeutically.

A case of lupus presented itself at the hospital that had followed a severe burn on the chest and back of a young man, who tried the "peeping Tom" act on a fine looking girl. The old lady caught him with a pail of scalding water over the shoulders. A severe burn resulted over the chest and back which became infected with lupus. He presented a disgusting sight when he appeared in the clinic. He had been treated by all known methods without results, and I was constrained to try the ray upon him, and directed it through the chest, as that side presented the worse condition. He was under treatment for six weeks, and apparently no results were obtained. We had about made up our minds that the treatment would have no effect upon the disease, when he said that his back had not bothered him any since he had been under treatment: upon investigation it was seen that the back had nearly healed up. This gave rise to considerable debate as to the cause of this condition and the general idea was that it had been a case of "spontaneous cure." We came near accepting this idea, when a medical wag suggested that we turn the patient around and send the X-ray through the back, and see if we got a spontaneous cure on the chest. This advice was adopted, and we were very much astonished and gratified to see a steady, but sure, healing take place, until eventually a cure was produced.

This curious analogy gave several interesting evening's debates before the Chicago Electro-Medical Society, and considerable experimenting was done by the different members, in order to

ascertain why it was apparently necessary to pass a ray through a human body before it had any medical effect and eventually it was found that the penetration of the X-ray must be carefully calculated, so that the ray would come at rest within the tissue, where we desired that work be done. In the case mentioned the resistance of the body was just great enough to allow the energy to do work, after it had passed clear through. Operators who would be successful with this method of treatment, must mix brains with their work and not absorb the manufacturer's claim that any tube that gives off a green color is suitable for treatment purposes. The penetration, distance and volume, surrounding conditions, must all be allowed for, if results are expected. It is true that occasionally an operator by a happy combination of tube, apparatus and "fool luck" accomplishes results that make older men marvel. One operator of this kind, whom I started with his apparatus and adjusted for him, had such "luck." He never disturbed the first adjustment for six months, and his success was phenomenal, case after case was brought to me by him for advice and consultation, and as strange as it may seem, he got results in carcinoma that I did not believe possible. In fact it did seem that about everything he tried the ray upon got well. He became very enthusiastic and eventually the happy combination was broken by some mischance, or his "luck" left him, as he soon found that he could not duplicate any of his results. The X-ray didn't seem to have any effect upon any disease, and I was appealed to again to come up and see what was the matter. Investigation revealed a "blue tube," giving off no ray, and of course without any therapeutic value. I fixed things for him again, and he had another period of extraordinary success, until the last year, his "luck" has deserted him, and I am afraid he will have to work now, before he is again successful. Radiotherapeutic treatment is full of surprises of this kind, and it has been my fortune to see several people, knowing absolutely nothing regarding the ray, taking risks no sane man should take, yet having the most extraordinary success for a time. They flash up like a "sky rocket", but always land like a "stick."

Success of this kind is exceptional, as most operaters are successful only after the most painstaking work upon their part, but while they do not as a general rule, have runs of such phenomenal success, they have individually developed a technic that can be depended upon to produce good results.

This technic must necessarily differ with each size and type of apparatus, and no fixed rules, except safe ones, can be made, if all the conditions are not known in each case.

Of all things necessary in the practice of radio-therapy, is faith. No physician can expect for one moment to get good results with either this or any other treatment, without he himself believes firmly in it, and can impress this belief upon his patients. Certain elements in the medical profession sneer at this statement, and call it faith cure. It would be far better for the medical profession if they had not departed so far from the Gods of their fathers, which made them a charm and comfort to their patients, to go after the strange Gods of the Vienna school, who deny all medical value of drugs, and base all medical knowledge upon pathology. It is "scientific" to maintain that drugs are without value therapeutically and a cheerful pessimism may be seen in all medical circles, either as Journals, Societies, or as individuals.

Therapeutic articles have disappeared from our journals, are not discussed within our societies, and as individuals we expend our wisdom in making a di-

Fascia and tendons of arm infiltrated with tuberculosis. Required 120 treatments to cure it.

Lupus of stump after amputation. Eight years standing. Cured in forty treatments.

This case of tubercular infection was referred to me by Dr. Sheppard Barnum, of Los Angeles, Cal. He was in poor health and could only get along with difficulty by means of crutches. Knee joint stiff and held at angle of 57 degrees.

He was under treatment for one year and eight months. The tubercular infection cleared up completely in five months. He now walks without cane or crutch. Has gained sixty pounds in weight.

agnosis of our patient's case and prescribe some "ethical proprietary remedies," the composition of which we are absolutely ignorant, at the same time loudly condemning "quacks" and "patent medicines." If a patient falls in our hands, we are looking for symptoms of appendicitis, gall stones, or some other "surgical fad," and it never occurs to us that any medical relief could be of service, we hustle the patient off to a hospital and an operation is done before he recovers from his bewilderment. This is good practice. The vigilant physician gets the privilege of basking in the sunshine of some great man for a few weeks, while the patient is recovering. The great man gets all of the money, the "Vigilant Doctor" a cordial smile. All progress in medicine must stop, if in the near future a division in duties between the surgeon and physician are not defined, as we have few physicians at present, but the profession has resolved itself into surgeons, assistant surgeons, and would-be surgeons; chaos reigns in therapeutics, the majority of physicians having lost all confidence in the galenical preparations, and are showing a dispositon to temporize by allowing a case to drift along, and see if an opportunity for an operation presents itself.

In typhoid fever, where so much of value can be done for the patient, by proper diet and hygienic measures, they are now allowed to drift with little attention or encouragement, but the attention of the whole family is called to the possibility of hemorrhage, and all precautions are taken to insure the "operation" at the proper time. It is getting unfashionable for people to die, except through the hospital. This condition is unhealthy, is of foreign growth and responsible for the deplorable condition the profession finds itself in large cities.

It is about as impossible to make the profession accept a new therapeutic idea, without the "Made in Germany" label, as to get the "joke" in the proverbial Scotchman's head, but any patented synthetic that is sent to our shores, is seized with avidity, testimonials written, and a great fuss made about it, until eventually it too is killed by the withering pessimism from which the profession is suffering. Unprejudiced observers fail to notice much change in the percentage of death rate, but have noticed an increase in "shock," "peritonitis," embolism," exhaustion, etc., and the certificate is signed by the clinical assistant or interne in some hospital. Why is it that people cannot longer die in peace? Why is it necessary to use the forlorn hope? Why should we try and disturb the patients' trust and faith in their medical attendant—even if we think there is no hope for them? No physician is in a better position to observe this pernicious influence than the X-ray operator. The patients' homes, hotels, and boarding houses are invaded by this medical pessimist. They are assured that the X-ray never has or never will cure disease. If you take the trouble to give him convincing evidence among cases very much alive and grateful, you are met with a superior smile, a wise nod, and the axiom that cases recover spontaneously you know, or did you have a microscopical examination made and was it confirmed? What argument can be made to an animal of this kind? The only answer is increasing number of faith healers, Dowieites, etc. The profession has descended from an angel of mercy to a harbinger of evil, their visits are no longer looked forward to with unalloyed pleasure by the patient, but a sense of dread for fear of the decision that "the doctor has ordered him to the hospital." Men of this stamp have no success with radio-therapy. If they cannot give their patients confidence enough to withstand the withering pessimism of chance medical men,

they cannot keep their patients long enough to do any real good to them. If you don't believe firmly in your remedy or method of treatment you surely don't think you would be smart enough to fool the average man and woman of the day into thinking that everything was all right. It is a common experience for some patient to show up with a lesion perfectly amenable to radiotherapy, and announce that they had taken the X-ray treatment for several months without benefit, and after persuading them that the X-ray was just what they needed, and that they would surely recover under it, I have found these cases would yield as well and as quickly as cases not treated. Why? Simply because I had given them mental rest, which they never before experienced. Please stop and realize for a minute what it means to an active father or mother, with their work not finished, many depending upon them, to be told by an honest and well meaning physician that they are suffering from an incurable disease, and that no hope of a cure or relief exists. It places a human being in the most unfavorable condition to obtain a successful result, and it is my opinion that many patients are simply scared into an early grave. The modern scientific method of diagnosis goes farther to terrorize patients, and magnify the importance of their illness. After a patient has had his blood, urine, feces, stomach, etc., examined and been thumped all over and observed sundry shrugs and wise nods of the head, if he is a nervous man, he is ready for the hospital, by the time the examination is completed, usually in about three weeks. I have been a good patron of the pathological laboratories, for several years, and I am in doubt today of any real value I have ever received from my investment. I have never been in doubt in a single case, where the laboratory succeeded in clearing it away. For this reason it seems that the modern training to rely upon outside help for diagnosis is not always in the interest of the patient and physician. A cheerful optimism works wonders in connection with the X-ray, and without it, an operator will rarely attain much succes, as it must be known that no case comes to our laboratories that has not been a sufferer for years or comes with a diagnosis of an incurable disease.

(To be Continued.)

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

(Continued from page 457 December Recorder.)

The treatment of rectal diseases by surgical means was the subject of articles by the writer in the Recorder during previous years. Certain advances in surgical tendencies alone have manifested themselves during this time, the treatment of commoner conditions being much the same.

The advocates of local anesthesia in certain rectal operations have succeeded in spreading the knowledge of the technic of infiltration. The plan with sterile water has been given considerable promise. Other solutions have also been recommended. Sterile solutions of water alone are not as a rule entirely satisfactory. The entire elimination of cocaine has been aimed at by the substitution of salt and similar products. To the practical clinician cocaine remains the most satisfactory agent for the rendering of infiltration solutions painless. The pain from the use of sterile water at the proper temperature is not great. With a large percentage of individuals it is desirable to entirely eliminate it. The prejudice against cocaine is well founded. It is an uncer-

tain preparation, but all kindred drugs acting in the same manner have been found to have objections. The prejudice to cocaine has been so great by some operators that they have demanded its entire abandonment in surgical use. In small doses it is unquestionably safe. The difficulty has been many have refused to use it as judiciously as they should. No cocaine deprives the operator of a most valuable adjunct. The free use to cover the errors of imperfect use have been responsible for its discredit. The sane practical man will not lay these objections against the drug. The extensive operations which are possible under local anesthesia may be performed with greatest satisfaction by using in the solutions injected a trace of cocaine. Where large amounts of injection fluids are used the first ounce may contain a small quantity of this drug, the remainder may be free from it and yet the later injections be painless if the first ounce is judiciously distributed over the area involved in the proposed operation. The operator who proposes to use infiltration anesthesia must expect a few failures in his earlier work. He need not cause great pain but he will fail to entirely obtund sensibility, something he may expect to accomplish in all cases where his experience has ripened. Of course this latter statement does not apply to the operator who has acquired his knowledge at first hand by observation or assistance in the work of one skilled at infiltrating. Such skilled tutelage at first hand most Recorder readers cannot expect to receive, nor is it necessary.

The application of infiltration anesthesia does away with the necessity of an assistant. It is particularly valuable to the general practitioner who wishes oftentimes to operate in his office. The infiltration of a part with a weak cocaine solution is very simple. A solution containing one-fourth of a grain of cocaine to the ounce may be injected into the tissues at an ordinary temperature and not cause pain. Where an ounce of solution is distributed into the tissues with a hypodermic an incising of considerable extent may be practiced without pain. The removal of hemorrhoids seldom demands more than this amount of fluid. Should the operator find that the parts are not entirely benumbed he should further distend them. The operator should in all cases see that his operation is painless owing to the exaggeration which patients are prone to afterwards. The use of special syringes for infiltration may be a convenience but the practitioner will find the ordinary hypodermic sufficient in all respects.

The removal of hemorrhoids has been accomplished with the aid of local anesthesia for some years. The extension of the use of local anesthesia to the operation for fistula where a large part of the buttock is involved is of more recent general application. The possibility of doing such an operation step by step must not be forgotten by the practitioner. By such a plan his infiltration can be perfect, his hemostasis perfect and all stages of the operation are entirely under his control. The opportunity to operate deliberately under such circumstances is a matter of great importance to the operator in his earlier practice. I would therefore call particular attention to infiltration of a part of the field, the splitting of the tissue, and removal of the overhanging edges of the fistula before the tissues further along the course of the fistula are infiltrated, incised and the overhanging tissues removed. The plan of slitting open a fistulous tract and cutting away overhanging edges continues to prove the most satisfactory means of curing fistula. We have heard less of the incising followed by immediate suture than in previous years. This technic advocated for an indefinite period will continue to appeal to the

younger operators and we will continue to see its occasional recommendation. Those who have refrained from trying the method will do well to remain content with the time-tried and proven technic of slitting open, excising overhanging edges and subsequent healing by granulation. The beauties of immediate had best remain in the category of journal operations and useful ones to the illustrators.

Hemorrhoid surgery has suffered a natural evolution—yes, ligation and more free incision has come into more general use. The advocates of excision and suture have had their fling in the journals. Excision successful with its disadvantages will continue to be practiced exclusively by some. Its recommendation and generous laudation by operators has served a useful purpose with many in calling attention to the disadvantages of ligation. Ligation of large masses over the sphincter and the depending on sloughing for their separation is too crude for the present day. The small pedicle ligated intelligently gives a safety which is preferable to complete excision and imperfect or at least uncertain hemostasis. The practitioner profits by the discussion in coming to understand the intelligent use of the ligature to insure hemostasis only of the most vascular portion of the hemorrhoidal pedicle.

The recommendations of immediate suture conveying the impression of primary unity is alluring to the man of limited experience. More extensive observation teaches that sutures play an important part in the healing, their only valuable function in most instances being that of securing hemostasis. The operator must also learn that the loose vascular tissues about the rectum for such suture are not entirely satisfactory. Rather than promote healing the sutures often retard such by holding against the parts infected fecal matter. They may in many instances be dispensed with to advantage after excision where hemostasis is perfect.

Plugging following operations on the rectum has probably found more general application if operators have continued to excise vascular hemorrhoids as they claim. Plugging requires care and skill. It is objectional as it discommodes the patients greatly in some instances. Surgeons of the younger generation cannot forget its application as it is in a few instances invaluable.

(To be Continued.)

TONSILITIS

Read before the Green Co. Medical Society at Greenville, Tenn.

By M. A. Blanton, M. D., Baileyton, Tennessee.

It appears to me that a review of the etiology, pathology, symptoms and treatment of tonsilitis, is seasonable. And while this paper is written without any claim whatever of anything new or original on the subject, I have strictly avoided plagiarism.

We learn that there are two varieties of this malady—the acute follicular tonsilitis and the suppurative tonsilitis or quinsy.

Various authors sub-divide acute follicular tonsilitis into lacunar, aphthous, ulcerative, herpetic and necrotic forms —classifications that are pathological rather than etiological or clinical; and follicular tonsilitis may present any or all of such lesions according to its severity or extent, so that it is at once confusing and undesirable to describe these lesions as separate diseases. The tonsils may be the seat of syphilitic, tubercular, carcinomatous ulceration or lupus, and may be included in the general spread of the inflammations of stomatitis, especially mycosis; but these

conditions do not require separate consideration.

Acute follicular tonsilitis may be defined as an acute catarrhal inflammation involving the tonsils, and characterized by local signs of inflammation, sore throat and a fever which is brief but severe.

The disease is most common in the spring and autumn months, and chiefly affects young adults and those in middle life. Owing to atrophy of the lymphatic system in the throat, it rarely attacks persons in old age. Many persons have recurrent attacks once or twice a year. And the disease may affect a household, being to some exent epidemic. Predisposing causes are debility, taking cold through exposure, indigestion, and the inhalation of sewer gas. Many authorities believe rheumatism to be a causative factor in producing tonsilitis. Scarlatina and other infections are sometimes associated with it. No specific microbe is found, but the many germs in the throat are multiplied, notably the pus-forming germs. Pathologically considered we find redness, injection and swelling of the tonsils and uvula. The crypts of the tonsils are distended with masses of fibrin, bacteria, degenerated epithelium and leucocytes. These masses have a yellow-white color and may be squeezed out. Usually they are isolated in spots, but they may appear continuous and being glazed with a thin layer of exudate suggest diphtheria. Usually resolution is complete, but a few of the cheesy spots may remain, calcify and form white spots. Pseudo-membranous or necrotic tonsilitis is a variety in which a thin gray membrane spreads over the superficial necrosis of the mucosa and may extend upon the soft palate, uvula and sometimes the posterior pharyngeal wall. Attempts to detach this membrance with forceps may leave a bleeding surface. After four or five days the tonsils heal and the membrane shows no tendency to reform. This variety is distinguished from diphtheria in the membrane showing no tendency to reform and by the absence of the Klebs-Loeffler bacilli. Exceptionally this form of the disease may appear primarily, but it is more often an accompaniment of scarlatina. The first symptom is frequently an intense muscular weariness progressing to severe aching of the legs and back until the patient feels as though he had been pounded. In other cases the first symptom is a feeling of rawness in the throat at the pillars of the fauces or perhaps pain on swallowing. At the onset there is a chill or chilliness, the tongue is heavily coated, there is frontal headche and sometimes nausea. The temperature rises rapidly to 104 or 105° F. with a quickened pulse. The temperature is irregular with morning remissions, lasting for three or four days, and may end abruptly or slowly. The lymphatics at the angle of the jaw are swollen and the neck may be quite stiff. The fever pains subside within 24 to 36 hours and the patient is usually well within five or six days. Local examination shows one or both tonsils to be red and swollen. One of the principal diagnostic features, however, is the appearance in the tonsils of isolated groups of yellowish spots, which vary in size from a pinhead to a quarter of an inch in diameter, and which can often be removed when the surface beneath appears uninjured. A thin, glary, white exudate may cover the greater part of the tonsils, which, however does not appear as thick or consist of grayish-white as does the diphtheric membrane. The portion of the tonsil between the yellowish membrane looks vividly red. The inflammation is confined to the glands and generally does not extend beyond, as in diphtheria. In the majority of cases the diagnosis can be easily made by the gross appearances in the throat, but the two diseases may co-exist and tonsilitis with exten-

sive exudate may so closely resemble diphtheria confined to the tonsils, that it is impossible to differentiate the two diseases without a bacteriological examination. In country practice where we are far removed from laboratories it is best to err on the side of safety and call all suspicious cases of tonsilitis diphtheria and so treat them.

Suppurative tonsilitis or quinsy is an acute suppurative inflammation of the stroma or peritonsilar tissue, accompanied by severe constitutional disturbances, local pain, swelling of one or both sides of the throat and rupture of a tonsilar abscess. The etiology is much the same as follicular tonsilitis. The pathology is similar except the inflammation extends much deeper, invading the stroma with purulent infiltration. On the whole the clinical picture is that of severe follicular tonsilitis, but the patient is more ill and the local symptoms are more severe and distressing. On the second or third day fluctuation may be determined in the tonsils and usually by the fifth or sixth day the abscess ruptures spontaneously, if not opened earlier. A condition of advanced septicemia may occur in cases in which the pus is allowed to burrow, although the tendency is to spontaneous recovery. This variety is distinguished from follicular tonsilitis by the greater severity of the local symptoms. The patient can scarcely swallow or open his mouth. The tonsil is greatly swollen, and if the finger can be passed to it a sense of fluctuation is obtained which is highly diagnostic.

In the treatment of the follicular variety, it is necesasry to isolate the patient, especially from children, as the disease appears at times to be communicative. During the attack the patient should remain in bed, and pounded ice mixed with linseed meal should be placed in a container and applied to the throat. If ice be not obtainable cloths should be wrung out of cold water and applied to the throat with frequent changes. The scruples of the laity largely prohibit this part of the treatment so the ice pack and cold water are practically useless outside the hospital. Peroxide of hydrogen diluted with six parts of water should be used as a spray once in two hours in alternation with a gargle composed of chlorate potash, 2 drs., glycerine ½ ounce, water to make six ounces. At the onset five to ten grains of phenacetin should be given to relieve the muscle pains and reduce the fever. To a child it is better to use aconitine for this purpose according to Shaller's rule. Ferric chloride should be given in 15 to 20 drop doses every three or four hours in a little glycerine during convalescence. Quinine, salol, and soda benzoate each have their places. The bowels should always be cleaned by a purge and rendered as nearly aseptic as possible by the use of salol or the combined sulphocarbolates.

If there is a probability of a mixed tonsilo-diphtheritic infection an early injection of antitoxin should be used.

Suppurative tonsilitis demands the same treatment in the main as the follicular variety. However hot applications to the throat seem to do better than cold. An early incision of the tonsil is demanded.

OBSTETRICAL NOTES

By W. Stuart Leech, M. D., Brooten, Minnesota.

Are we as physicians guilty of permitting the lying-in-woman to suffer undue pain? Why should we allow the tender and weaker vessel suffer one unnecessary pain? We are all ignorant and fall far short of doing our duty to the individual. You reply that autocia or normal labor is a physiological process and that it is best to always let

nature take its course. O, ignorance, where is thy shame? Know you not that nature by the gangrene route can successfully amputate a foot or limb? It may take it eight or eleven months to perform the operation, while the skillful surgeon could do the same work in a few minutes.

Go, seek wisdom at the feet of the obstetrical masters and it will avail you nothing if you fail to study each individual case. As for myself, I lay no claims to any new discovery but will say that my success has been phenomenal. Some brother who has had the cold perspiration trickle from his brow in some nocturnal dilemma will recognize my illustrations as milestones pointing to more effective work. Before going into the body of our theme we will originate this proverb, viz,: It is easy to pluck a chestnut when the bur is open. If the nut is immature it cannot be separated without violence, whilst if it is mature it may drop spontaneously in one day's time, one week, month, or perhaps, six months.

Summing up the record of my last two hundred cases there were seventy primiparae, thirty-two instrumental deliveries, seven pair of twins, four transverse presentations, six breech, four face, and the remainder vertex. There was one placenta previa case—child and mother were saved. Of the births one hundred and twenty were males, one still-born monstrosity, and the rest females. Of the females nine came in succession, of the males the greatest number, nine. The length of labor was from one quarter to seven hours. The longest detention seven hours. The average for the two hundred, we will emphasize, was exactly two hours. Not a case of infection. All mothers recovered well, no damage to any child from instruments.

HOW THEY WERE MANAGED.

When I am called in I remove my coat, and hastily but thoroughly cleanse both hands with a hot bichloride of mercury or carbolic acid solution and make the necessary examination with the hand that comes most convenient. If there is no pure petrolatum or olive oil convenient the hand, after the bath, is immersed in the hot solution and used while warm and wet. If labor has not progressed too far, and the colon has not been emptied recently it is flushed out and the attendants are ordered to hastily bathe off the external parts with an antiseptic solution. If labor has really commenced and the os is rigid and tense I mix about twenty-five grains of chloral hydrate in one quarter of a glass of water sweetened with sugar and given per orem, followed by a sup of pure water. She is then told to get up and walk around the room for one-half an hour unless she is tired from loss of sleep. The chloral will soften up the os and will cut the keen edge off of many a pain. If the os is well dilated after the first thirty or sixty minutes the amniotic fluid still intact an extra piece of clean cloth is pushed under the hips and the bag, which we are sure is not the caput succedaneum, is ruptured. The cloth is now removed. Don't rupture that bag if the os has not dilated or is not dilatable. If it is thoroughly dilated and you do not puncture it, practically, every pain will be an unnecessary pain and you, the physician, are responsible for it; for in physics it is axiomatic that fluid pressures are always equal and opposite in all directions. Hence, the child remains unmoved by uterine contractions. The liquor amnii should be ruptured by means of the finger nail during a pain when the membrane is tense. If the cervix is well dilated chloral will not be indicated. After the dilatation and the rupture of the membranes, pains remain latent or ineffective I make it a rule to give three two-grain tablets of quinine sulphate and if they still remain inactive the six-grain dose is repeated at the end of

thirty minutes. It is seldom necessary to give a third dose. From the time the amnion is ruptured to complete delivery should be from thirty minutes to one and one-half hours. After the child is delivered the placenta is removed before the uterus contracts and retains fragments. If there should be any apprehension of flooding immerse or dip the hand in cold water and tap lightly several times with the palm the lower part of the abdomen. If this is not sufficient take the cervix in one hand and close it by manual pressure while an attendant gives ergot and applies a colder hand or towel to abdomen. In multiparae we give, when we are apprehensive, a good size dose of ergot during the last stage. In all cases examinations are made with a sterile or antiseptic hand at intervals of from thirty minutes to an hour. The perineum is always protected by the palm pressure and if it should become lacerated we stitch it up immediately without an anaesthetic while the parts are numb. If it is necessary to use forceps the patient is placed in the dorsal position with hips drawn to the edge of the bed, a two drachm dose of ergot given, everything cleaned, legs wrapped or bandaged, twenty minutes after the ergot, chlorofoim attentively administered to the obstetrical stage, forceps applied and traction made, downards, outwards and then upwards with each pain until completion. Patient's head is now lowered and if placenta is in uterus wait twenty or thirty minutes before removing. Comfort and cheer the woman at all times.

If you are detained more than five hours from the time of the beginning of regular pains in an ordinary case of confinement something is radically wrong with the patient or the physician—generally the physician.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

THE PHYSIOLOGY AND PATHOLOGY OF THE CRACKING SOUND OF THE JOINTS

The physiology and pathology of the cracking sound of the joints is of much value to a physician and surgeon. This is a subject which is very much overlooked, especially the physiology of the cracking sound of the joints.

In another article in the near future I shall write on the therapeutics of the cracking sound of the joints which will explain the value of a knowledge of the physiology and pathology of the cracking sound of the joints.

Recently I wrote to a few physicians and asked the following question:

"What is the physiology or pathology of the cracking sound in the joints which occasionally takes place when moving or by a certain twist, pressure, or pulling?" I received the following:

Dr. A. R. McDonald, Professor of Physiology, Hahnemann Medical College of Chicago, said: "Yours of Nov. 28th ult. got mislaid somehow, hence my delay in answering. I take it that you refer to joints that otherwise appear to be normal in every way. I have never read or heard a perfectly satisfactory answer as to the cause of the sounds you spoke of. The question is a difficult one, at least on some cases. My own idea is that the sound heard on pulling a joint such as a finger joint is caused by the separation of synovial fluid at the articluating surfaces, when

the pulling of the finger causes a partial vacuum there for the moment. This would explain the sound at most joints very well. Such joints have no pathology and are physiological in every way. There is a sound produced in some joints at times when they are first moved after being for some time in one position. Such sounds can be at least partially accounted for in the above named but I think that in some at least it is also partially due to the fact that the capsular ligament is somewhat looser than it ordinarily is, thus allowing too free a movement. This may occur without the joint being considered in any way abnormal. There are joints in which there are heard a more or less constant creaking sounds. These joints have a pathology. There is a deficiency in the quantity and perhaps the quality of synoval fluid present in the joint. This may be due to various inflammatory lesions or to overwork. These ideas are my own so I give them for what they are worth. As I said before, I have never seen these matters completely explained in any book except perhaps the last mentioned. If they will help you in any way to think out the problem I shall feel amply repaid."

Dr. W. S. Hall, Professor of Physiology, Northwestern University Medical School, and author of a work on Physiology (Lea Bros) said: "Yours of the 28th at hand. If you mean by your question as to 'the cracking of joints' such a cracking as can be voluntarily produced by one when a finger is pulled, twisted or flexed beyond the physiological limit I would answer: The smooth synovial surfaces of the cartilages fit so closely and perfectly that they can only be separated by the application of considerable force. At the instant of the separation there is a crack such as would be prolnced if two boards that fit perfectly face to face and had between them a film of sticky liquid, were to be suddenly pulled apart. This pulling apart of the joint surfaces can be accomplished only by a stretching of the ligaments.

"When a joint is dislocated the surfaces are much displaced and the ligaments much stretched and a part of the fibers even torn. When the joint is 'set' again it comes into place with a snap or crack because of the elasticity of the remaining unbroken ligamentous tissue and the elasticity of neighboring muscle tissue. The crack is caused by the forcible coming together of the smooth synoval surface. I trust that I have answered your question."

Dr. Newman T. B. Nobles, Professor of Surgery and Disease of the Bones and Joints, Cleveland Homoeopathic Medical College, said: "Your query in regard to the creaking sensations connected with joint movements covers rather a wide range. They are present in different forms of synovitis, in osteoarthritis, in rheumatism of chronic articular type, in injuries to the fibrocartilages of the knee joint, and in injuries about joints in general where new tissue of an inflammatory nature is present. I would refer you to Park's Surgery for more definite information, as you did not give me the clinical history of your case or cases. I find that in diagnosis of joint lesions the clinical history of the case under consideration is most valuable in attempting to determine the exact diagnosis. I would be pleased to offer you any further information I am able."

Dr. Joseph H. Raymond, Professor of Physiology, The Long Island College Hospital, author of a physiology, said: "In reply to your inquiry I would say that it is probably due to a deficiency of synovia."

Dr. S. M. Hunter said: "As to the cracking sound there are various theories. One thing is certain, movement has taken place and that is very important. That is vital in cases of nerve impingement. The sound is

probably due to movement accompanied by suction, the result of separating two surfaces with a lubricant between them where something like a vacuum is created."

I trust the above will be of much interest to the readers of The Recorder and am satisfied it will if they see the article on simliar topics which will follow this one.

JOHN ALBERT BURNETT, M. D.
Cecil, Arkansas.

THE CASE NOT WORTH TREATMENT

Look out, doctor, when you say a case is too trifling to require treatment. Here is how I learned a lesson sixteen years ago. Jones hurt his little toe, a scratch only. Of all things the most trifling. I was young and green then. "No matter," I said, "let it go." Blood poison resulted later and I had the d—'s own time with that little toe.

Brown, who thinks I know it all, on the street, half in joke, said to me: "Stuck pin in my wrist here," and he showed me. There was just the faintest blueness surrounding the puncture point. Brown was a man who always liked an excuse to speak to me and that pin puncture answered. He was half in fun, but sober as you please I said: "Blood poison, possibly; call at office sure now." In about four hours Brown called. Around the pin puncture the flesh was now deep blue. "Say," says Brown, "it shoots up my arm." I run a lance in at point of puncture and out welled black blood about two drachms, then natural blood flowed. "There," said Brown, "it feels better." I dressed it with pure ichthyol and a clay poultice; and the pin puncture never hurt Brown any more. Wouldn't I have had a sweet time if I had said: "Oh,, that is nothing?" Brown would have rode home, seven miles, his arm would have swelled up. Of course results might not have been so noticeable as in some cases, for there are so many Browns in the world.

Still from Little Hog Hollar to Drunk Man's Divide every Yahoo would have heard how Dr. B. let Onisoforus Brown die of malignant blood poisoning caused by the bug juice of a gangrenous pin.

The Los Banos Tootertytoot in which I have no card would have dynamited my practice and great would have been fall there off.

Here in California where Dame Fashion sets her standard high the women are glad of the chance to leave avenues of the 400 in town and hie themselves to a tent in some seclusion's shade where they do not have to spend two hours per day on their toilet and display their $10 hats and $50 dresses in the alkali dust of the street under a 110° temperature. Mrs. Boynton and the children were off on just such an outing and of course I provided them with a supply of medicines serviceable for rattlesnake, tarantula, and scorpion bites. The ex-Honorable Theophrastus Earwig got a spider bite. It began to swell. The spider made his escape, chewing a portion of the ex-Honorable's tissues. He (not the spider) called upon a highly educated physician who for a moment studied the blue expanse of ether outside his office window and remarked: "Mr. Earwig, if it gets any worse call again in a day or two."

Mr. E., scratching the bald place just above the parietal foramina, regretfully left the office melancholily over the fact that he had not been allowed to spend any of the money, the accumulation of which was now perplexing him. Now this "highly educated" physician did not know human nature a little bit. He did not know that Mr. Earwig was suffering even more over the great responsibility of guarding alone and unaided a heavy double eagle, besides four dollars in silver (now threat-

ening to wear a hole in his overalls' pocket).

As a last resort hearing that a doctor's wife was camped up the gulch he pointed his mustang that way and headed for her camp.

There he had no trouble in getting that spider bite treated good and plenty. Three of the Abbott granules of calcium sulphide were fed him every half hour. Saline laxative up to maximum effects was heaped in. Pure ichthyol under gutta percha tissue was placed over the spider bite. Echinacea was also given internally and the poison of that araneida became quiescent.

Now the ex-Honorable found his long-looked for opportunity to shatter that double eagle. The Mrs. Doctor B. told Mr. Earwig that the worthy representative of Aesculapian art down stream would read her the riot act if she made a charge for services but said she, "I like money and if you want to make me a present of a five or ten I will accept it." Nothing could have pleased Earwig better and forthwith he broke the $20 and my better half actually crowed that once again she had scored a better day's practice than your humble servant.

The moral of all this is to remember that no matter how trifling a traumatism may appear—treat it and treat it thoroughly.

Then again remember that to the average human being it is a pleasure to spend money and it is your duty and mine to assist a friend in this innocent diversion.

C. E. Boynton, M. D.
Millville, Cal.

COUGH REMEDIES

A general practician of medicine is often called upon to prescribe for coughs of various descriptions especially during the winter and spring seasons and occasionally they are very troublesome to control and annoy the physician very much. I once heard a professor of practice of medicine of many years' experience in general practice make a few remarks concerning cough remedies that made a lasting impression on me. He said that he had never used a cough remedy in his life that gave satisfaction that did not contain an opiate of some form. He usually used opium or some of its alkaloids in combination with other remedies, more often used codeine or heroin than any of the opiates. In coughs which are dry and harassing which occur during the winter and spring I have never found anything equal to a combination of codeine and emetine. I use the Abbott Alkaloidal Co.'s granules of codeine sulphate, gr. 1-67, and emetine, gr. 1-67. Give one of each every fifteen minutes until the cough is easy and then give often enough to keep it easy. Usually two to four doses will relieve a cough of this character and then the patient can take a dose about every one or two hours or oftener.

Waugh's modified Dover's powder is a very good cough granule for an all around cough remedy. It's formula is morphine sulphate, gr. 1-123, emetine, gr. 1-250, camphor monobromated, gr. 1-12. The dose to be determined by morphine strength. I would not use these granules unless the camphor monobromate was indicated, would much prefer Waugh's Anodyne for Infants, which is as follows: nickle bromide, gr. 1-123; codeine sulphate, gr. 1-67; powdered ipecac, gr. 1-134; lithium carbonate, gr. 1-25, and oil anise, gr. 1-134. Dose for an adult as a cough remedy from two to four granules repeated as often as necessary. It is not only a valuable anodyne for infants but an excellent one for adults also. Adult dose as an anodyne, twelve granules dissolved in hot water. This granule is very pleasant to the taste and should be used extensively as it has a

wide range of action in various diseased conditions.

The following has been used with remarkably good results in coughs of children and is also of much value in many forms of cough in either adults or children. It is a prescription which I consider to be of great value to a general practician and one which should be widely used as it is cheap enough that all could afford to use it. It is as follows:

℞

Ammonium chlorid.....ʒij.
Paregoric.
Syrup of squills, a a.....℥ss.
Syrup of tolu, q. s. ad...ʒiv.

M. Sig.—Dose: One teaspoonful every two or three hours.

J. A. Burnett, M. D.
Cecil, Arkansas.

DRUG ADDICTIONS

The cure of drug addiction cannot reasonably be expected by any plan of treatment which entails protracted suffering like the reduction method. If you will free your patient from all toxic matter, disengorge the portal system, narcotics can be withdrawn without shock, collapse or diarrhoea. My plan in something near two hundred cases of drug addiction that I have treated, is to free the system from all toxic matter, neutralize the morphine or other opiates in the blood and the cure has been comparatively painless.

I do not consider any drug patient cured so long as he takes a "tonic," or drug of any kind. He must be independent, physically and mentally, of all craving or desire for drugs or I would not give a flip for the cure.

With a well equipped institution and the discreet administration of hyoscine, any case of the "drug habit" can be cured permanently, and without danger of pain. "Individualize your patients." Treat each case symptomatically, as your judgment would dictate. Hot baths, proper massage, and well regulated diet, will bring your patient around cured every time.

W. T. Robinson, M. D.
Nashville, Ark.

The treatment of drug habit outlined briefly by Dr. Robinson is very successful when given in a properly equipped sanitarium, which is the best place to send such patients. One of the best institutions in the West for the treatment of drug addictions is Dr. Broughtan's Sanitarium, at Rockford, Ill., where patients are well cared for according to the best methods.

Editor Recorder: I send you the report of a case and if you or any of your readers can throw any light on the subject I would be very thankful.

Case. Little girl, age 4 years, spare build, well nourished and seemingly normal in every respect except once in about every six weeks she will be cross for a day or so and appetite not good, gets pale and nervous and then will have a convulsion which lasts from one to four hours unless I control same by $ChCl_3$ and during spasm seemingly there is a great amount of mucus in the mouth and throat, right side more of a tremor and draws than left during spasm. When I get her to sleep she will sleep most all night and wake up in forenoon all O. K., only very weak.

Upon giving vermicidal remedies she will pass the worm all O. K. but only one at a time, i. e., only one was ever seen at a time.

Now I give the girl santonin and calomel followed by oil and turpentine and yet every six weeks the spasm comes.

If you can suggest anything that will help this little child please do so through the columns of The Recorder.

W. H., M. D.
Missouri.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

ABUSE OF STRYCHNIA.

Medical thought and practice run too much in ruts. Certain theories become the vogue, certain operations a fad, certain drug treatments an axiom, and he is indeed a bold man who dares assert individual judgment or refuses to run with the indiscriminating herd. For some time the use of strychnia has grown into such a fad. Every doctor prescribes it constantly, habitually and for all kinds of conditions, for the sthenic and the asthenic, the infant and the adult, just as used to be done with quinine at one time, almost as a placebo when he does not know what else to give. Strychnia is a most useful drug, a powerful weapon when properly used, but just as potent for harm, when abused. The Therapeutic Gazette for October calls attention to its habitual abuse. It says: "Many physicians rely upon strychnia as a stimulant to the heart during the course of the acute infectious diseases, giving it not only for a few days at a time, but continuing it for weeks, with the result that the patient may be benefited during the earlier part of its administration, but soon fails to develop any good effects from its use and may suffer from a condition of circulatory and nervous irritability which is often taken for a manifestation of the disease. To sum the matter up, it may be said that used wisely and in proper cases, it is an efficient remedy, but that used unwisely it is capable of doing harm as any other powerful agent, and therefore its use should not be begun, nor should its administration be continued, unless there is some excellent reason for it. When strychnia has been given for a week or ten days, the physician should carefully catechise himself as to whether it is still needed, and as to whether some of the symptoms of rapid pulse and nervous irritability are not due to its use."

PHYSICIANS AS COMMERCIAL OFFICERS.

An exchange has this: The city of Zurich, after having grappled successfully with questions of hygiene, impure water and adulterated food, has disposed also of "the final menace to public health—the doctors." To the medical fraternity, Zurich is now a closed borough. Forty physicians only have been approved by the municipality, salaried at the rate of £500 each per annum. For this they are to treat all-comers gratis. A poll tax of four francs (80 cents) on each inhabitant is levied to pay these salaries.

If the information is correct, we have here a sociological innovation which will be watched with universal interest. It would certainly be an ideal condition to put the physician on the same level with the judge as a salaried officer of the community, independent of private patronage to give his services alike to all members of the community. The salary of $2,500, larger even than the average income of the American doctor, is quite liberal from the European standard. But as Zurich has more than 150,000 inhabitants and the constituency of each of the forty thus must be nearly 4,000, it is clear that they have not exactly a snap.

Aside from minor difficulties the scheme has the same fatal weakness as any other socialistic scheme proposed —that it sets a high water mark which will be hard to pass later. It takes away from its forty beneficiaries every incentive for doing superior work and gaining further distinction in their pro-

fession. If it should become universal, it would sound the death knell to progress in medical science.

SHALL PHYSICIANS DO THEIR OWN DISPENSING?

The advantages to physicians of dispensing their own drugs cannot be set forth more tersely and forcibly than is done in these words of the Central States Medical Magazine: "You are certain that no 'just as good' plays at cross purposes with you. You are certain that your formulae stay your own property. You get rid of refilling prescriptions without authority. You keep the privacy of your patient between yourself and him. You pocket a better fee and your patient is better satisfied." This may all be quite true, but after all the method is not an ideal one and develops a number of objectionable features. The doctor does not always pocket a better fee, on the contrary, where the system prevails he commonly gets no more for his services plus medicine than in other places for his advice alone. The present writer found not long ago in a city of 30,000 inhabitants in the middle west that the usual fee for consultation and medicine, including even a long and careful examination by stethoscope or urinary test, was 50 cents. And the physicians, although justly dissatisfied with the condition, claim to be powerless to improve it on account of the severe competition. There are 75 physicians in that city, not counting the many irregulars who all do some business and to that extent diminish the total income of the profession, hence there is always some doctor ready to work for a pittance, just to keep himself from starving. In that city physicians agree that dispensing does not pay. The same magnificent scale of prices prevails in hundreds of other places. The public there looks upon the doctor as a pill vender. It is not at all rare to hear a boy who comes to the physician's office say: "Mother wants 50 cents worth of the same medicine you sent her last week." Highly conducive to professional dignity, is it not?

Does the physician who dispenses his own drugs really escape the "just as good" evil? No physician would knowingly give to his patients inferior or adulterated drugs, but how does he know what he buys? He is just as likely to be deceived by the smooth talk and misrepresentations of the manufacturing chemists' agent, as the druggist, and the dollar is a powerful persuader. Doctors are probably nearly as apt to buy cheaply as the druggists. Not long ago we were told by the representative of a pharmaceutical house, whose drugs are of recognized standard and which sells direct to physicians, that this business of theirs had been materially cut down of late by the concerns which sell cheaper preparations. Often, it is to be feared, the coat is cut to fit the cloth, that is, the physician adapts his medication to what materials he has on hand, when, if he sent the patient to the drug store with a prescription, it would be different.

Positive lasting damage results to the profession from the fact that the dispensing physician gradually delegates an essential part of his work and duty to the pill maker and brewer of mixtures. It is so easy to count out a dozen of ready made pills or pour four ounces from the large stock bottle labeled with a highly composite formula. The manufacturer furnishes cough remedies and anti-rheumatics, nephritic and digestive tablets, heart tonics and diuretic pills and the physician quits doing his own thinking. Materia medica is becoming more and more a lost science.

The physician can make much better use of his time than prepare medicines and most of them dislike to do it.

(Continued on page 23)

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY

J. P. THORNE, M. D.

JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:

$1.00 Per Year in Advance; Single Copies, 10 Cts In the United States, Canada and Mexico. Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 9 JANUARY, 1906 No. 1

DOCTOR AND DRUGGIST

We were recently talking with Mr. A., a merchant, when Mr. B., a mutual acquaintance, hobbled by on crutches. Mr. A. remarked: "B. has a bad case of rheumatism. I must have him get some of my prescription. I formerly was troubled terribly with rheumatism and nothing seemed to help me. Finally I went to Dr. F. and he gave me a prescription which cured me at once. I have cured over a hundred cases since by sending them for that prescription."

These remarks show where the profits of many a doctor's practice go. Dr. F. had spent years of study and hard work and much money before he was in a position to write the prescription that cured this man's rheumatism, yet for one small fee he had cured over a hundred cases. Had Dr. F. dispensed his own medicine or had the druggist not refilled the prescription Dr. F. would have realized the remuneration he was entitled to. Mr. A., with sympathetic good nature sent his friends to the druggist for the medicine. Had it been necessary to see the doctor in order to get the prescription, he would just as cheerfully have sent them to Dr. F. This brings us to a consideration of the question whether or not the physician should dispense. Dr. Speier, on another page, presents both sides of this much discussed question. We believe it is not very difficult to find an honest druggist who will not substitute and who will use good drugs but we believe the worst feature is the refilling of prescriptions. The druggist knows that, as matters stand now, if he refuses to refill a prescription, he offends his customer, who always goes afterwards across the street and gets his medicine of the other druggist. Consequently the practice is to refill prescriptions for the patient and all his friends. We believe that the druggists have it in their power to remedy this evil if they will. They should discuss this matter in their society meetings and pass regulations which will do away with the refilling of prescriptions and the other evils of writing prescriptions, and should enforce them. The druggists have no trouble regulating the question of cut-rates and they can just as well remedy the evils of the prescription business. If the laws are not such as to prevent the refilling of prescriptions the profession of pharmacy and medicine can readily have laws passed which will satisfactorily regulate the matter. The druggists at their meetings instead of discussing practical means to work harmoniously with physicians, denounce the doctors for dispensing and advocate the passage of laws which will

prevent physicians dispensing. In Iowa the druggists have introduced a law into the legislature to prohibit dispensing by physicians. Imagine the ordinary general practitioner deprived of the right to dispense any medicine! Do the druggists think physicians will submit to this? Such incidents as related above have driven many physicians to dispensing who would prefer to write prescriptions. If the druggists do not devise and enforce measures to prevent refilling of prescriptions and substitution, they will find the practice of dispensing by doctors will increase.

The last issue of the Clinical Reporter, a homeopathic journal published in St. Louis, discusses this matter editorially as follows:

"The Druggist's Association would like to see measures employed and enacted that would make all cases where death occurred under the ministration of a physician who dispensed his own medicine, cases for the publis health officer. (By way of parenthesis let us remark that the officer would have his hands full.) But once more to the question, Should doctors dispense their own drugs? Should the druggist be the physician's helper, his censor, or his equal?

"In spite of all argument it is an admitted fact that the druggist himself is to blame for the deplorable state of affairs that exist. The patent medicine trade of the druggist is enormous and with all his energy he encourages its sale, he refills prescriptions for the patient who wants it and oftentimes for half the neighborhood besides. Indeed one druggist informed me that he had filled a prescription at least 40 times for which the original patient paid the physician (a very poor but most excellent man) a single dollar. Was it less than appropriating these forty dollars? Nor does it stop here; homoeopathic and allopathic druggists alike recommend certain medicines to those who ask their advice and do not hesitate to compound and administer certain prescriptions, when patients detail their symptoms. Is it any wonder the doctor in sheer self defense gives his own pills and potions?

"Without appearing personal and without making a direct accusation it is a well known fact that the doctor cannot be always sure that the patient gets just what he ordered, numerous instances have appeared where he did not get what was ordered though it is sometimes true that the doctor writes what he did not want.

"The homoeopath must for the most part do his own dispensing; the preparations he uses are as a rule carried by but few druggists, but he should not feel that in so doing he is doing anything uncommon; the tablet triturate has made dispensing easy; it has come to stay; it has simplified prescribing and while we love the apothecary we cannot take him into full fellowship until he discards his bargain counter, stops prescribing and attends strictly to dispensing as prescribed."

We are receiving many orders for our club offer of The Recorder, The World To-Day and The Cosmopolitan. If our readers knew what an elegant magazine The World To-Day is every one would order this club. The World To-Day equals and in some respects surpasses similar magazines which are $3.00 per year.

RUNDSCHAU

(Continued from page 21)

These objections are certainly real and serious. The relation between physician and druggist still waits a better solution.

Combating fatigue with nicotine, alcohol, tea or coffee is like bandaging the eyes of a watch dog, declares Prof. Schleich.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

OPERATIVE SURGERY. For Students and Practitioners. By John J. McGrath, M. D., Professor of Surgical Anatomy and Operative Surgery at the New York Post-Graduate Medical School, Surgeon to the Harlem, Post-Graduate, and Columbus Hospitals, New York. Second Edition, Thoroughly Revised. With 265 Illustrations, Including many Full-Page Plates in Colors and Half-tone. 628 Royal Octavo Pages, Extra Cloth, $4.50 net; Half Morocco, $5.50, net. Sold only by Subscription. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

There is always room for a new work on surgery if it is a good one and this volume is an excellent work on operative surgery. Dr. McGrath has combined in a practical manner surgical anatomy and operative surgery. The subject is covered thoroughly and yet the work is not too voluminous for the general practitioner and student. The various operations are described so clearly that a clear idea may be obtained of each operative procedure. The book is up to the times in all respects and the latest operative measures are given.

The subjects of gastro-enterostomy and the surgical treatment of diseases of the stomach and intestines are treated in detail. The operative surgery of the pancreas and spleen is described at length and recent advances in the surgery of the prostate gland given.

The author rightly regards illustrations an important part of such a book and colored and half-tone plates and drawings are freely used to elucidate the text. Many of the drawings are diagrammatic, as the author considers them very satisfactory for teaching. We commend the book to every physician needing a modern work on operative surgery.

CLEFT PALATE AND HARE LIP. By W. Arbuthnot Lane, M. S., F. R. C. S., Surgeon to Guy's Hospital and The Hospital for Sick Children. Pages, 63. Large Quarto. Illustrated. Paper. Price, 5 Shillings. The Medical Publishing Co. 22½ Bartholomew Close, E. C., London, Eng.

This book by the well known English surgeon, W. Arbuthnot Lane, gives very clearly the author's views of a subject, concerning which there is considerable difference of opinion among surgeons. Mr. Lane is an advocate of early operation. He says: "The best time is the day after birth or as soon after that as possible." He describes the operation which has been most successful in his work. The book is beautifully printed with large, clear type and contains 51 illustrations.

We quote the following from an editorial in a late number of the London Lancet, on the operation for cleft palate:

There has been on the whole a tendency towards the performance of these operations at an earlier age than formerly but the question of the best age at which staphylorrhaphy and uranoplasty should be done is now the most keenly discussed of any connected with the subject and recently the matter has received attention in many directions. Mr. W. Arbuthnot Lane has published a work on cleft palate and harelip in which he has given a resume of many papers which he has written at various times. Mr. Lane is the chief advocate of the very early performance of the operation for harelip and cleft palate.

The arguments in favor of an early operation are these: the abnormality is an arrest in development and therefore the sooner the parts are placed in their natural positions the more likely is development to proceed along normal lines. Moreover, if the palate is reconstituted before any attempts at speaking are made it is highly probable that the voice will possess none of those qualities which are connoted by the word "nasal." The majority of surgeons, however, both in this country and elsewhere, are opposed to very early operations and they advance in support of their opinions the following arguments: the risk of sepsis at a very early age is greater, the tissues are more liable to slough and are more lacerable than later, and they say that the older children are more easily kept quiet after the operation and that the voice differs but little from the normal if the cleft is closed before the fourth or fifth year. * * * From the first inception of staphylorrhaphy to the present time the well-marked tendency has been to attempt the closure of these maldevelopments at an earlier age than before. It may well be that the ideal age is not necessarily to be found in the first few months of life; yet when we consider that the sooner the cleft is closed the more readily will development approach to the development of a normal child we cannot deny that the argument in favor of the early operation is very strong. The danger of sepsis, of sloughing of the flap, and of impairment of the general health of the child cannot be ignored, but the improvements of modern aseptic processes will go far to counteract any depressing influence of the operation. The individual skill of the surgeon is also a factor which cannot be ignored. Bearing in mind all the considerations we cannot but feel that if due care be exercised the early operation need give rise to little increase of danger. This being so the advantages of a restoration of the continuity of the parts before any attempts at speech are made are very great and go far to outweigh the possible slight increase of risk."

AUTO-SUGGESTION: What it is and How to use it for Health, Happiness and Success; by Herbert A. Parkyn, M. D., Pages, 192. Cloth. 75 cents. Suggestion Publishing Co., 4074 Drexel Boulevard, Chicago.

Dr. Parkyn, with his long and extensive experience in the use of suggestion in practice, is especially fitted to write such a book as this, which while not written exclusively for professional reading, yet will be found well worth reading by any physician.

HERBERT A. PARKYN, M. D.

This book is a practical attempt to show how the mind may be directly influenced by auto-suggestions or self-suggestion. It teaches that man has inherent powers which if understood and rightly used will solve practically all the questions of life.

Directions are given for the formation of correct habits of thought, manner and conduct; positive instructions are given for improving the memory; for strengthening the will, for increasing those faculties on which success depends: courage, determination, positiveness, concentration, faith, etc.

The question of health is fully treated, and directions are given regarding the physical wants of the body; the subject of "personal magnetism" is not a mysterious occult something, but a quality of mind and manner. The author gives his explanation of how cures are wrought by various circles and religious sects, shrines, relics, etc.; there is a chapter which deals with the question of making realities of desirable mental pictures; or how psychic images may be made to take tangible form. The key note of the book is found in these expressions:

"Thought tends to take form in action" and "as a man thinketh in his heart, so is he."

Neurotic Disorders of Childhood. By B. K. Rachford, M. D., Professor of Diseases of Children, Medical College of Ohio University of Cincinnati, Good Samaritan and Jewish Hospital, etc. Pages, 440. Cloth. Price, $2.75. E. B. Treat Co., 241-243 West 23d Street, New York City.

The study of the neurotic disorders of childhood is an important subject to all practitioners, general and special. It is a well-known fact that infants and children are especially predisposed to serious and complicated nervous disorders but the subject has not until recently had the thorough and careful study which its importance warrants. This book considers the subject in two sections. The first part is devoted to the physical and etiological side of the subject and contains chapters on gastro-intestinal toxemia, auto-intoxications, chronic systemic bacterial toxemias, chronic anemia, reflex irritation, excessive nerve activity.

Part two deals with the individual neuroses and presents a careful study of each disease. The etiology, symptomatology and treatment of each disease is given very clearly. Some of the diseases considered are eclampsia, tetany, enuresis, migraine, epilepsy, chorea, hysteria, asthma, disorders of sleep, pica or dirt-eating.

The doctor who can successfully treat children's diseases is sure to be a success. This book will be a great aid to the physician in treating that very large and troublesome class of diseases of childhood—the neurotic disorders.

Clinical Vibration Charts. By M. L. H. Arnold Snow, M. D., 25x28 inches on Fine Heavy Paper and Printed from Lithographic Plates. Price, $2.50 net for the two charts.

Chart I. The Sympathetic Nerve, shows the relation of the ganglia to the vertebrae in colors and the origin and distribution of the great plexus of the sympathetic, localization of the functions of the segments of the spinal cord. A cross section of a dorsal vertebrae, showing the relation of the sympathetic and spinal branches, and a table of referred pains.

Chart II. The Relation of the Segments of the Spinal Cord and their Nerve Roots to the Vertebrae and a Table of Spinal Stimulation. In the latter table are given according to the best authorities the indications for spinal stimulation for the relief of various conditions. These charts are adapted as guides for local stimulation and inhibition in connection with High Potential and other electrical currents as well.

These charts used with Dr. Arnold Snow's book on Mechanical Vibration, reviewed in the December Recorder, form a good working guide for the therapeutic application of mechanical vibration.

BOOK NOTES

The articles in The Recorder on the X-Ray by Dr. G. G. Burdick and on Practical Surgery by Dr. C. C. Miller will be continued through 1906. These articles will be liberally illustrated with original plates.

McClure's Magazine for January is a strong number as a glance at its leading articles shows: "Theodore Roosevelt: An Outdoor Man," by Henry B. Needham; "A Servant of God and the People," by Lincoln Steffens; "Railroads on Trial," by Ray Stannard Baker; "Reminiscences of a Long Life," by Carl Schurz. Lincoln Steffens' article is a sketch of Mark Fagan, mayor of Jersey City, an honest politician. In the editorial department is printed President Eliot's address, "The Durable Satisfactions of Life," delivered at the opening of Harvard University, October 3, 1905. This address should be read by every young man in the land. In this number Stewart Edward White begins a series of five stories entitled "Arizona Nights." The number is freely illustrated and contains several bright short stories.

Dreer's Garden Book for 1906 is a book of 224 pages with several colored plates and hundreds of illustrations. It contains a large amount of information on gardening and should be in the hands of all interested in it. The house of Henry Dreer is one of the oldest and most reliable in the country. They give special attention to furnishing plants and seeds for sanitarium and hospital grounds. Some of our readers who purchased of this house last year for hospital grounds, after seeing the advertisement in The Recorder, inform us they were more than pleased with the seeds, plants and bulbs. A special offer is made to our readers to send a copy of this Garden Book free. Everyone who plants a seed, bulb or plant should send for a copy of this garden manual to Henry Dreer, 714 Chestnut street, Philadelphia, Pa.

In the current number of the American Magazine there is a striking series of photographs of crocodiles, by Julian A. Dimock. In one instance a 10-foot crocodile has been photographed only four feet away, and in another the effect is almost that of some prehistoric monster or dragon. The January number is excellent from start to finish. Booker T. Washington writes of "The Negro in Business;" Arthur Goodrich tells of the work of Dr. Barnado in saving London's waifs, and Burton T. Hendrick traces the development of the Gould fortune. Creswell Maclaughlin contributes two pages of epigrams, and Annie Payson Call continues her series on "Every Day Living." The short stories are all good and the serial "Prisoners," by Mary Cholmondeley, is making a hit. For $2.30 we send The American Magazine, The World To-Day, and The Recorder, one year, and 1,000 premium labels.

A feature of the January Cosmopolitan is "Mother and Daughter—a Picture Cycle," by Emilie Benson Knipe, a series of charming drawings depicting the most tender and intimate relations of mother and daughter from babyhood to womanhood. Among the stories are two by two great humorists, W. W. Jacobs and Charles Battell Loomis, illustrated by two other great humorists, Will Owen and Peter Newell; "In the Days of the Comet," by H. G. Wells, with pictures by the famous French artist, Henri Lanos; "The Way of an Indian," written and illustrated in the best vein of Frederic Remington. Articles, fully illustrated, by Charles Edward Russell on "Germanizing the World;" Thedore Waters on "Out with the Moving Picture Machine;" W. T. Stead on the "Problem of the Tolstoy Household;" G. H. Guy on "Electricity's Farthest North," giv-

ing the latest developments in electrical science. For $2.20 we send The Cosmopolitan, The World To-Day, The Recorder, all one year and 1,000 premium labels.

The January Everybody's is virtually an "automobile number." There is excellent reading in Arthur N. Jervis's spirited article, "Car Coming!" with its brilliant description of the Vanderbilt Cup race and its discussion of the present high and significant status of American automobile racing. On the other hand, Eugene Wood, in his sprightly essay, "Do I want an Automobile?" treats the same subject with highly successful humor. Charles Edward Russell, who has been studying European solutions of American problems, tells, in a remarkably signifiant instalment of his serial, "Soldiers of the Common Good," of the phenomenal development of Municipal Ownership. There is also a brief put pithy instalment of Mr. Lawson's "Frenzied Finance." Bay State Gas and the reappearance of Addicks are taken up in this number. The origin and significance of "Russian Peasant Riots" are powerfully brought out by Ernest Poole, in another of his Russian studies; and dramatic stories of the achievements of "The New York Reporters" are told by Hartley Davis, in the first of a series of articles on "Reporters of To-day."

The titles of some of the articles in the January World To-Day are sufficient evidence that the magazine presents a wealth of good matter: "The Carnegie International Art Exhibition," illustrated, David B. Howland; "The Remaking of Colombia," with portrait of General Reyes, Edward H. Mason; "The Premiers of Europe," with portraits, O. D. Skelton; "The Americanization of Paris," illustrated, Alexander Hume Ford; "The Outcome of the Taft Commission," illustrated, James A. Le Roy; "The Real Tsar," W. T. Stead; "Rescuing Municipal Government," Clinton Rogers Woodruff; "The Far-Flung Telephone," illustrated, Ralph Bergengren; "The Great Northwest," illustrated, Cyrus Northrop; "The Japanese Seizure of Korea," illustrated; "Renaming the Indians," illustrated, Forrest Crissey; "J. Frank Hanly, Governor of Indiana," Roscoe Gilmore Stott; "Reforming a Labor Union," Victor E. Soares; "Election Reform in Small Cities," H. O. Stechhan; "A School for Railway Apprentices," Cy Warman; "Perfecting the Tobacco lant," Frederick W. Coburn; "Women's Plant," Frederick W. Coburn; "Women's Work for Pure Food," M. V. Shaler. For $2.20 we send The World To-Day, The Cosmopolitan, The Recorder, one year and 1,000 premium labels.

Dr. W. C. Abbott, the managing editor of the Alkaloidal Clinic, is an example of what American brains and energy can do. Fifteen years ago he started in a very small way the manufacture of alkaloidal granules. From this small business developed the immense business of the Abbott Alkaloidal Company and the Clinic Publishing Co. Drs. Abbott and Waugh made the Alkaloidal Clinic a leading medical magazine of the world. November 9th, 1905, they had the misfortune to have their splendid building in which the Clinic was published, burned to the ground. Fortunately the building of the Abbott Alkaloidal Company was not burned. However, with characteristic energy they issued the December Clinic only a few days late. The January Clinic is the best number of this splendid magazine ever issued. The name has been changed to the American Journal of Clinical Medicine, with Doctors W. C. Abbott, W. F. Waugh, W. J. Robinson, Emory Lanphear and A. S. Burdick as the editorial staff. The doctor who cannot get his dollar's worth out of the Clinic must be hard to please.

THE DOCTORS' WORLD

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Modern Education.—It is now conceded by medical men that our public schools are training the mind at the expense of the body. Too many studies have been added to the curriculum and children are forced to do mental work far beyond their years. It is time to call a halt to this ever increasing mental forcing and to cut out some of the useless things now taught.

The Rev. E. A. Paddock, president of the Idaho Industrial Institute, recently gave an address before a Chicago audience which contained some pertinent suggestions. Among other things he said:

"I believe that the social disorders which are prevalent in this country today arise from the fact that our system of education is all wrong. The child is taken from its mother's knee and placed in the primary department and kept there a short time, and then rushed and jammed into grade after grade until he finishes the high school. He then goes to college, and the same old routine is followed. That is the finished product. It is an individual of great intellect, perhaps, but one who is absolutely useless if compelled to make a living with his hands. Our system of education has given us a colony of nervous wrecks. You will find them in your asylums, which cannot be built fast enough to supply the demand. What is the matter? Simply this, that we are training one faculty only and sacrificing the others. The remedy is to be found in a half time school where the student will be kept half a day at his books and taught some trade during the other half. In such a school the student would have a more rapid intellectual growth than in the public schools. Moreover, there is a beneficial mental process in doing manual labor. If a student were made to work he escapes that feeling of aversion for those who toil. Education creates caste. The half time school would arouse a wholesome respect for fellow workers."

Dr. W. P. Northrup in a late number of the New Yorky Medical Journal made a strong protest against the forcing methods of modern pedagogy. The Medical Record publishes the following abtsract of his paper entitled, "The Strenuous Life of School Girls":

"Each spring there is a resulting crop of neurasthenic girls, worn out by school work. The girls are all anxious to be at the head of their respective classes, overstudy, hurry their meals, or go without breakfast altogether and naturally soon become wrecks. Teachers have little mercy on their pupils, who are goaded to tasks far beyond their powers, and the worst of it all lies in the fact that all this strenuous endeavor is made just at a time when the girl is becoming a woman and entering on her menstrual life. As contributing to unstable nerves, there comes a sequence of impaired digestion, imperfect evacuation of the lower bowel, and an autotoxemia, with all of its injurious effects on the system at large, and especially the nerves. The author renews his plea for the establishment of roof-gardens on city houses. Children must be made to go to bed early. Indiscreet remarks should not be made at the breakfast table by the parents. We should in-

struct teachers as to the absolute necessity of fresh, cool, circulating air in the schoolroom, and help the girls by kind advice and proper supervision throughout the school year. We must reckon with their ambition, foster it and not kill; guide it and not thwart it, and work together to aid the child to begin and to end its year aright."

Stimulation.—A very important matter in the practice of medicine is the subject of stimulation. Many a life has been saved by the prompt use of a proper stimulant. The physician who has the indications for the proper use of stimulants clearly defined is in a position to do superior work on many occasions. The Clinical Society of the New York Polyclinic Medical School and Hospital recently had an interesting discussion of this subject. Dr. Morris Manges read a paper entitled, "The Art of Stimulation."

He said in part: The first thing to bear in mind is the difference between direct and indirect stimulation. Most of us think of direct stimulation only, but it would be well to bear in mind the indirect methods, if only for the reason that if they do no good they do no harm. The old-fashioned hot saline enemas not alone produce the same effect as wine or whiskey, but also have a very decided effect upon the vasomotor centres of the abdomen, which, as is well known, are widely involved in the failing circulation.

In considering stimulation the heart must be considered as only a part of the whole circulatory system, and not the circulatory system alone, but the entire individual, must be taken into consideration. For instance, what is the use of stimulation when the primary fault is not due to circulation, but to insomnia? He recalled one patient, upon whom a colostomy had been performed, who was very ill and much depressed for no apparent reason. There was failing circulation. The patient had an idiosyncrasy for morphine, and bromides had excited her. He ordered veronal, 20 grains, in hot saline solution, per rectum, and in half an hour the patient was quiet and the next morning improved. He was sure that if routine stimulation had been practiced, it would have caused the woman's death. What she needed was rest. This case illustrated what he had always claimed regarding stimulation. What is the use of whipping a tired horse with a heavy burden until he is relieved of part of his load? Stimulation should be resorted to only after the burden of the overworked heart has been lessened by removing all possible causes of failing circulation.

Many physicians, when called to see a case of pneumonia, typhoid fever or cardiac affection, immediately begin the routine stimulation usually prescribed in such cases. This is a great error. Stimulation should not be resorted to until it is needed. The use of alcohol, for instance, in a case of beginning pneumonia, often whips up a tired heart almost to the point of exhaustion. The routine use of strychnine early in typhoid fever often hinders more than it helps. He recalled the case of one patient who was making a good recovery from typhoid fever; his temperature was on the decline, but he was restless and nervous and began to throw himself about in bed and could not be controlled. He was suffering from too much strychnin. Stimulation should be resorted to only in case of a marked change in the patient's condition.

Many pour drugs into a patient without being sure that he obtains the benefit intended from them. The stomach is a relaxed bag, and the more that is poured into it, the greater the mixture taken out. The hypodermic method gives the quickest and surest results. Again, the action depends upon the drug used. If one desires quick stimu-

lation, camphor, which acts almost immediately, should be administered. Strychnin requires a certain length of time, and digitalis even longer before it is absorbed. Finally, all instructions for stimulation should be left in writing. The responsibility belongs to the doctor, and he has no right to ask the nurse to assume it in such a case.

Dr. Bodine said that frequently a patient would regain consciousness from an anesthetic just sufficiently to appreciate his surroundings, and then there would be a paralysis of the vasomotor centres and dilatation of the abdomina veins. All the blood would collect there and the patient would collapse and perhaps die. He had seen this occur on several occasions, and thought it not due to the operation, but to fear.

Dr. J. Riddle Goffe said that the subject of Dr. Manges' paper was of great interest. If there is one thing the medical teachers of the present day should emphasize it is the danger of overstimulation in cases of heart failure from shock. While Dr. Manges had not said so, his theory of shock indicated clearly that he agreed with the speaker in regarding shock as a paralysis of the vasomotor centres and an overstimulation of the spinal centres. The irritation in the latter causes a spasm of the arterial system, including the heart, thus driving the blood from the heart and arteries into the veins, which are relaxed and distended owing to the paralysis of the sympathetic centres. All the remedies and methods suggested by Dr. Manges are excellent but, after all, the sheet anchor in shock is morphin. It is the routine order in the Polyclinic Hospital, in the speaker's service, to give to every patient subjected to operation, unless special instructions to the contrary have been mentioned, ¼ grain of morphin hypodermically as soon as the patient begins to recover from the anesthetic. This prevents shock and pain, gives the patient a comfortable recovery from the anes- lessening the contraction of the whole blood system and thus allowing an equalization. This action is produced by no other drug.

Dr. Beal said that one form of stimulation was evolved in violent pulling out of the tongue. In typhoid fever stimulants should not be given until needed, but this does not apply to tonics, which thetic and a good night's rest. No more morphin is allowed unless especially ordered. In severe cases of shock saline injections or saline infusions are also employed.

Dr. Albert Kohn said that in pneumonia and typhoid fever the patient should be turned from one side to the other daily as a matter of routine treatment. If a pneumonia patient remains in the same positon for several days the posterior portion of the lungs will be in a state of congestion, and thus take away from the heart strength which it could well use, and which could be retained by persistent change of gravity. In rectal stimulation, one should be sure that the rectum is in condition to absorb the medicament. If eight or sixteen ounces of hot fluid are injected and returned unchanged in fifteen minutes some other channel must be found through which to accomplish the desired result. Nasal stimulation is most evanescent, and must be frequently repeated. Delirious patients often refuse stimulation in any form, and it is customary to hold them quiet bodily while the operation is being performed. He thought this very unwise, and had often seen patients fall back dead as a result of the strain to which the heart was thus subjected. When the right heart is suffering from overaction and the left heart from underaction the abdominal distention which acts upon the right heart must be reduced. Dr. Goffe spoke of shock as overstimulation of the spinal centres. The speaker believed it to be a paralysis of the vasomotor centres accompanied by bleeding into the abdominal veins. Morphin relieved it by

should be given early in the disease. Often six hours' rest will do more for an exhausted patient than any stimulation.

Dr. Manges closed the discussion. He said that morphin in his opinion is the most powerful of stimulants in a failing circulation due to shock. This drug gives the heart and indeed the whole body a chance to get its bearings, and then strychnin may be used in small doses three or four times a day, and muscles that would not have responded to the strychnin at first will respond promptly when it follows a dose of morphin. He thought that 1-100 of a grain of nitro-glycerin, if properly given and repeated often, would give much better results than larger doses repeated less often. Some people respond to veronal very quickly while others have an idiosyncracy for it. One could not always hope to obtain the expected effect upon administering a drug, but should be contented to put up with a great many disappointments.

The Indian Question. — Carlos Montezuma, M. D., writes understandingly and vigorously on this subject in To-Morrow and advocates the abolishment of reservation and government aid to Indians. Dr. Montezuma is a cultured man and physician and is working for the improvement of the condition of the Indians. He is a graduate of the Medical School of the Northwestern university and at present is engaged in practice in Chicago. We quote him from his article:

Wherever the Indian is so situated that he is not compelled to exert himself for sustenance he is being injured both in body and in morals. His existence becomes artificial. Nature would force him to exertion and to battle, that he might eat, and live a full life, and learn and enjoy. Nature would keep a strict account with the young Indian. She would pay him in proportion to his labors, and in proportion as he developed the power to cope with his fellow-men in industry and skillfulness so would he receive of the good things the world had to give. Every day that the Indian or any other creature is kept under guardianship is a day lost to him that should have been put to individual effort. The sooner he has to meet the storm and tempest of life's battle, the sooner will he develop the power to resist its forces and to keep his equilibrium.

The Indian, individually, is entitled to the privilege of waging his contest for existence in civilization just as other men are. He also owes it as his duty to the country as well as to himself to get out and get to work and to begin to grow like other men. The question is not what he can be taught to do, and what he can accomplish under certain conditions, but, rather, is he out among men? Is he existing under natural conditions among civilized men, and slipping, and climbing and getting on, surely, even though slowly? This is the question, and the answer should be that he is. There is no reason why he should be housed and nursed. The proposition seems foolish the moment we look upon him simply as a man, and nothing different. Forget the past for the sake of the present. Close the books that tell of war and strife, hatred and death and give attention to the demands of peace which "hath her victories, no less than war;" and the Indian will naturally and legitimately be given and assume his place in civilized life, where he can look and reach forward with that hopefulness others seem to possess.

In other words the Indian can not serve two masters. He should therefore choose a calling or engage in such employment as will nots prevent him from talking, writing, and working for the speedy release of his people from the Government Nursery.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

THE COUGHS OF OLD PEOPLE

By W. T. Marrs, M. D., Jewett, Ill.

The most intractable cases of cough the physician has to deal with are usually found in people who are well advanced in years. They are the recurrent type and always assume a severe form as cold weather approaches. In these cases we find many existing causes and conditions manifest. We nearly always find a bronchitis of the larger tubes and a dilated or ruptured condition of the bronchioles with consequent emphysema. In addition to all this we find many reflex conditions which tend to keep up irritation of the pneumogastric nerve terminals. Among these we mention engorgement of the liver, a dilated stomach, nasal catarrh or polypi, vegetations in the throat, elongated uvula, catarrh of the eustachian tubes and disturbances of the middle ear, any one or more of these abnormal conditoins may affect some of the terminal branches of the far-reaching pneumogastric and produce a reflex cough. Old people often do not give the attention to hygienic conditions that they should. They expose themselves unduly to inclement weather or go to the opposite extreme of swaddling themselves in an excessive amount of clothing, thus bathing the skin in perspiration and inviting colds. Many old people eat excessively and masticate imperfectly, thus causing digestive derangement and a consequent autotoxaemia. In a great many cases of stubborn cough, however, there is some fixed neurosis that can not be clearly defined. If the cause can be determined the treatment will suggest itself. Elderly and delicate persons who are subject to these severe and recurrent coughs should study their own cases for the underlying cause. The avoidance of excesses of all kinds and the practice of wholesome, temperate living are the first considerations in their removal. A daily sponge bath in cool or cold water is of the greatest value. The tonic effect of the cold bath can hardly be appreciated until given a fair trial. An occasional dose of calomel and saline to offset constipation and autotoxaemia is of great value. In these stubborn coughs the average cough syrup is simply adding insult to injury by its damaging effect upon the stomach and the secretions in general. Codein and heroin are useful drugs. For a year or more I have been prescribing a preparation of heroin called glyco-heroin (Smith). I have found that it gives better and quicker results than either of the first named drugs. This preparation can, I have discovered, be given for a long period of time without any ill effect, such as constipation, narcotism, etc. Neither is there any tendency to produce a drug habit. This preparation of glyco-heroin seems to have the same curative effect in cases of chronic cough that cascara sagrada bears toward chronic constipation. No unpleasant after effects or untoward symptoms on the withdrawal of the drug.

To summarize, in the treatment of chronic, unusual coughs I would say remove every reflex irritant if possible, correct and improve habits and hygiene, and produce sedation of the nervous system with the drug calculated to do the least harm, which in my hands has been the one named above.

THE NON-SURGICAL TREAT- OF APPENDICITIS

By Harry Tyldesley, M. D., Central City, Kentucky.

Member of Kentucky State Medical Society, Member Muhlenburg Co., Medical Society, Assistant Surgeon Illinois Central R. R.

The view, that has steadily gained with the general public, and many members of the medical profession, that appendicits is an affection which requires for its relief and cure the services of a surgeon, is one that is incorrect. There is no intelligent physician who will deny that the assistance of a surgeon is necessary in some cases, but that this is a constant necessity, is not true, and the opinion will be found to lack confirmation, if the greatest authorities who have written on this subject, are consulted.

In practice there are encountered two types of acute appendicitis. One is termed acute catarrhal appendicitis, the other is the acute suppurative form.

In acute catarrhal appendicitis Lockwood says: "The mucous membrane lining the appendix is in a condition of catárrhal inflammation; the walls are swollen and infiltrated by serum and leucocytes, so that the appendix is enlarged and its lumen becomes contracted, especially toward the caecal end. The peritoneum covering the appendix is congested, is coated with fibrin and is adherent to the neighboring peritoneal surfaces. In this, the mildest and most common form of appendicitis, there is no general peritonitis, no abscess, and no perforation."

In the suppurative form the same author says: "The wall of the appendix is infiltrated by fibrin, serum and pus and in severe cases the wall may slough in some parts. The adjacent peritoneal structures are inflamed, coated with fibrin and pus, and become adherent, so that there is formed a cavity containing pus."

These quotations are given to show that, in that form of the disease recognized as acute catarrhal appendicitis the necessity for surgical interference does not present itself. The affection when it assumes the form denominated suppurative may justify surgical means. In fact that is often the only safe course open to the patient. Lockwood says: "The prognosis in the catarrhal form is good." Frederick Treves, who is beyond question the greatest authority on appendicitis, says: "The general mortality of all types taken collectively is probably 5 per cent." I could multiply quotations from eminent and conscientious authorities to prove that the mortality from the disease is by far smaller than it is thought to be by those who have not studied the affection closely.

From a careful study of the disease, as I have found it reflected in writings of the best observers, and as I have encountered the affection in my practice, I have arrived at the conclusion that the disease is by no means one that is to be given to surgeons at all times. Often surgery is indispensable—I know this and I appreciate the benefit that this brings to me, but by no means do I advocate the resort to surgery in all cases—or in any cases until I see that the affection is progressive—and that it is impossible by medicinal means to favorably affect the course of the disease. The disease from my observation—as well as that of others—is one frequently characterized by a mild course. It assumes gravity of course when we see the suppurative type but this is by no means constantly fatal. I could quote many experiences and opinions of able medical men on this point. Last summer I saw a case of this type which was unusually severe, and the patient would not consent to an operation. She, despite all the evils that are said to wait on these cases, went on to an entire recovery.

The treatment which I have instituted in these cases and have found successful in a number of cases has consisted in the administration of such remedies as would counteract pus formation as well as bring relief of pain to the patient. This treatment I have tried on a scale large enough to warrant me in drawing conclusions from it. Of course, it must be understood, that those causes which are seen early progress with more satisfaction, and present capabilities which those that are advanced do not offer.

In giving an antipurulent my object is to prevent the formation of pus and abscesses. The remedy used for this purpose is ecthol. I give this agent from my first visit to the conclusion of the attack in liberal amount a teaspoonful every two or three hours. Ecthol is the best antipurulent I have ever employed and I have found it constantly reliable. It has been used by me with success in the treatment of abscesses and boils, and like conditions. It has never failed to prevent pus formation when I began with it early enough. When it cannot be prevented I find the agent will limit and bring to termination the pus-forming process. Upon this knowedge of the action of the remedy I began the employment of ecthol in the treatment of appendicitis. My results have justified my expectations and I use the remedy constantly in the treatment of appendicitis. In connection with ecthol, in the treatment of appendicitis, I constantly rely upon papine. This agent relieves pain—and is free from the constipating actions of other opiates—it being in other words the pain relieving principle of opium in pleasant vehicle. I give it in doses of a teaspoonful every two hours until the patient obtains rest. When this has been attained I give the nurse the instruction to give it no more until pain or restlessness makes this necessary. An intelligent nurse will instantly comprehend this principle and the patient will get just enough but not too much of the remdy. Papine, like other opiates, exerts besides its quieting effect a decided antiphlogistic action. In the treatment of appendicitis the diet must in all cases be liquid, and this is to be continued until entire resolution has been brought about. The administration of purgative drugs will very often lead to the undoing of the patient. Parents and friends who will ask the physician about this matter are to be told plainly that they must leave this matter entirely to the discretion of the physician.

Last summer I was called to see a lady aged thirty years who had enjoyed good health and whose family history was good. She presented all the symptoms of appendicitis. She was at once put on ecthol in doses of a teaspoonful every two hours, and papine in teaspoonful doses every three hours until she was relieved. She ceased to suffer pain after the first twelve hours of employment of the papine, and the nurse kept this symptom in subjection with that agent. On the third day the necessity for the exhibition of the papine became less imperative, and the ecthol was now given in doses of a teaspoonful every three hours. The patient showed a constant improvement from this time on and the necessity for the administration of papine was not apparent after the fifth day. She felt so well that she sat up in bed and asked me when I thought she could go about. In two days further, I discharged the patient. She has, since getting up, enjoyed excellent health.

A man, a laborer about twenty-seven years of age, was taken with pain in the region of the appendix and this became worse and persisted. He was put on ecthol and papine in the way I have already indicated, and the patient recovered entirely in five days. At no time did I think it necessary, for

the patient's betterment, to bring to bear surgical aid. In this case, and in no other where the ecthol was administered early was there any indication of pus formation. In some cases however, where the remedy was not given early, these symptoms were manifest but they were put in the background by ecthol in liberal dosage.

A boy about fourteen had an attack of appendicitis and this was attended with pain and fever of greater degree than is common in the catarrhal form of the disease. The active employment of ecthol and papine brought about a happy conclusion of the morbid process. I see this boy nearly every day and he enjoys the most perfect health.

These cases are only a few of many that I have treated on the plan which I have outlined in this paper. It is my strong conviction that this treatment will bring to cure most cases of the disease—and especially those seen early, and which are not favorably environed.

PASSIFLORA

By B. B. Ralph, M. D., Kansas City, Missouri.

There is scarcely a day passes in the life of a busy physician but that he feels the need of a reliable non-injurious nerve calmative. Something that will induce tranquillity of the nerve system, something that possesses a decided specific action as a nerve sedative, and hypnotic, to replace the many injurious narcotics and antispasmodics now in general use.

'Tis true that the opiates, bromides, etc., will insure sleep, but the reaction always leaves the patient with nerves strained and exhausted, and the sleep thus induced gives no sense of rest upon awakening.

I have found that Daniel's concentrated tincture of passiflora incarnata possesses all the properties of a nerve calmative that could be desired.

It acts as a nerve builder, as well as a sedative and hypnotic. I have used it in severe cases of hysteria in nervous women. In these cases it immediately regulates the heart's action and produces calmness. In the nervousness and insomnia following alcoholic excesses I find it excellent to quiet the nerves and induce normal sleep. I have also used it in endometritis and nervous irritation incident to ovarian trouble, with satisfactory results. In fact I consider the preparation an ideal one for controlling the nervous system. As a hypnotic it induces normal sleep from which the patient awakens feeling refreshed and with none of that exhausted feeling that invariably follows the use of opiates and many of the other so-called nerve calmatives.

VIRTUE RUNNING WILD

The sentiment which underlies the present efforts of certain worthy medical men, to protect the profession from imposition and to make our therapy clean, reliable and trustworthy, is entirely landable and commendable. The extent to which some of these gentlemen are permitting their enthusiasm to carry them is lamentable. The judgment passed upon many of the pharmaceutical preparations which have stood the test of time for years in the practices of thousands of successful medical men, has seemed hasty and ill-advised. To one who is prejudiced in neither direction, who endeavors to look at the matter with perfect fairness, it is very questionable if it is right that a small faction of the American Medical Association should use the organ owned by all the members to condemn or detract from the reputation of long established pharmaceutical preparations, many of which are used regularly by a large part of the membership of the Association. The manufacture and sale of pharmaceutical

preparations is and must be commercial in its character. It can never be strictly professional. The average preparation which has been used by medical men of intelligence for years with good results must have something in its favor, even if its manufacturers are not willing to conduct their business exactly as we may wish to dictate. I have no desire to uphold in any way the secret medical nostrum, but I question as a matter of fairness, the propriety of attacking any well-tried preparation until it is demonstrated beyond reasonable doubt that the members of the Association are opposed rather than being users of the preparation in question. Those who have been placed in positions of power—which may be used for the accomplishment of evil as well as good—should appreciate that such an office is one of trust and there should be an effort to carry out the will and wish of the majority rather than to be led by personal prejudice or petty motives.—G. T. P. The Chicago Clinic & Pure Water Journal.

ACUTE NASAL CATARRH

The conditions containing in acute nasal catarrh are essentially those of an inflammation of any mucous membrane, first, an engorgement of the capillaries, then an exudation of serum into the tissues, then a further exudation on the part of the mucous or serous membrane.

To attempt to terminate the trouble or alleviate the discomfort by an astringent or any wash of an acid nature is simply to temporarily lessen the secretion without in any degree reducing the congestion or stimulating the circulation, thus actually rendering the condition worse than before.

A remedy to be effective must first empty the mucous membrane and then prevent a re-engorgement by stimulating the blood vessels into increased action and compelling them to resume their normal functions.

This is preeminently the province of glyco-thymoline.

By its power of promoting exomosis, it purges the mucous membrane as soon as it is brought into contact with it.

By its anesthetic property it soothes the pain, and by its power of stimulating the circulation it relieves the capillaries of their local congestion and restores the normal circulation.

The immediate cause of a catarrhal discharge is an engorged mucous membrane. Empty by exosmosis and you relieve instantly.

In the general treatment of nose and throat troubles, especially when inflammatory conditions prevail, and palliative treatment is called for as a preliminary to operative interference, no other remedy gives the immediate relief and establishes the aseptic condition afforded by glyco-thymoline.

ONE MOMENT, PLEASE

Just at this season, when inflammatory affections of the respiratory organs are so prevalent, it is a matter of much importance to apply methods of treatment that will control the respiratory symptoms without deranging the other functions of the body. Expectorants fail so frequently that they are, to say the least, unreliable; cough syrups derange the stomach and thereby add a complication; respiratory sedatives, of which opium and its derivatives are the most frequently employed, depress the central nervous system and have but a transient palliative effect from which an undesirable reaction nearly always results. How much better it is to hold the respiratory symptoms in abeyance with a remedy which not only is absolutely free from dele-

terious influences, but has also pronounced constitutional effects, which reinforce its specific action on the respiratory tract.

That Gray's glycerine tonic comp. has these influences is accepted by the profession at large because the experience of many years has demonstrated the fact beyond question. A convincing proof is evidenced by the effects of this remedy in the ordinary forms of acute bronchitis or "cold." Almost immediately do the symptoms of respiratory inflammation become less pronounced when Gray's Tonic is administered; cough is lessened, bronchial distress relieved and expectoration facilitated; persistence in the use of this remedy will practically always control these troublesome symptoms and shorten, very materially, the duration of the attack.

In chronic bronchitis and "winter cough," Gray's tonic is a well-nigh indispensable ally to successful treatment. Its use palliates the respiratory symptoms and exercises a beneficial influence upon nutrition in general—and this latter effect is a matter of no small importance, so authorities state, in overcoming these chronic and recurrent forms of bronchitis.

Because of these effects, the routine administration of Gray's tonic in the acute infectious diseases with respiratory complications, has become a widespread habit. Influenza, pneumonia, typhoid fever are, by means of this practice, rendered less troublesome by the specific action of Gray's tonic on the respiratory tract—the course of disease is obviously modified and convalescence more speedily established.

Twenty years experience of skilled scientific physicians constitutes the foundation upon which the above statements are based. Their recognition and application by every physician means much gained in treatment.

PNEUMONIA

Extract from editorial, New Albany Medical Herald, October, 1905.

The ill effects of pneumonia which we are so often called to treat, sometimes give cause for alarm. Recently a young man, age twenty, carpenter by trade, applied to us for treatment. Several months previous he recovered from pneumonia. His cough which was very irritating seemed to be constant and especially was this severe at night. By morning he was usually so much exhausted that he could not attend to his work. The usual remedies gave no relief. Bacteriological examination of the sputum revealed no signs of tuberculosis. I put the patient on teaspoonful doses of fitchmul, evry two and one-half hours for the first five days; every three hours thereafter and at the end of twelve days the cough had disappeared entirely and he was again in good health and normal weight within a few weeks after the treatment ceased. Fitchmul combines the active properties of fir balsam, Venice turpentine, chloric ether, and a minute quantity of hydrocyanic acid, tartar emetic and aromatics.

BLOOD DEGENERACY

may become brain degeneracy. Build up the condition of the blood and you build up the condition of the fundamental force of the body. Blood degeneracy, like moral degeneracy, denotes a lack of power to resist. A weakened condition of the blood leaves the system an easy prey to malarial affections and contagious diseases. Pepto-Mangan (Gude) is the vital force which restores the blood to its normal germicidal potency. It is a nutrient oxygen-carrying agent. After typhoid fever and all diseases producing cachexia, when pepto-mangan (Gude) is administered, systemic reconstruction is rapid.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. IX · FEBRUARY, 1906 No. 2

Leading Original Articles

PHYSICS OF THE X-RAY.

By Gordon G. Burdick, M. D., Chicago, Illinois.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor of Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

(Continued from page 9 January Recorder)

CARCINOMA.

In taking up the work in detail as it has occurred in my own laboratory, I shall endeavor to give as brief a clinical history of the primary cases of carcinoma as is possible, in order to give a clear mental conception of the finding in each case. I regret that in several cases a microscopical examination was out of the question, owing to the timidity of the patient. In the great majority of cases findings were made by means of a rotory hollow punch driven at 7000 revolutions per minute. By this means a solid circle of tissue was removed from the most suspicious part of the tumor without pain. Microscopically the diagnosis was so evident that the surgeons consulted advised an immediate operation, and in three cases refused to operate, claiming it was too late.

Up to five years ago no case was treated that was not pronounced both inoperable and incurable, and of course the flood of post-operative reoccurences from our operating rooms. Every one thought that it was very unlikely that any peculiar medicinal value would be found in the ray, and for that reason operators refused point blank to treat an operable case of carcinoma; but were induced to treat the others because of the well known analgesic effect of the ray, which enabled us to offer these poor storm tossed sufferers almost complete immunity from pain without at the same time depriving them of their senses. A short experience with these cases began to show a marked improvement, both general and local, and while the majority succumbed to their disease many continued to improve until a "cure" can be said to have taken place. These cases attracted the notice of the general practitioners, and they began to refer more favorable cases for treatment, those of early reoccurrence after operation. At the same time a general discussion of technic was carried on in the journals devoted to this branch of the art, and as the general truth underlying this kind of treatment was understood our success became more marked, bringing with it a slow, but steady

confidence in the efficiency of this treatment among the physicians, and they begun to bring in cases that were more favorable in their prognosis. Cases principally who absolutely refused operation, and then for the first time we were able to give the treatment of cancer a fair trial, under as favorable surroundings as may be found in the average operating room.

A series of 18 cases now over three years old furnish the basis of my estimate. I realize that it is too few to prove anything, but the success I have obtained is sufficient to encourage others to further study of the subject, and it certainly should seriously be considered as a promising method of treatment. I have shifted from an extreme skeptic to a firm believer, that it is the best means to handle malignant disease that we have today. It is occasionally necessary to supplement the ray with surgical measures, in order to remove a mass too large to absorb, and the surgeon can rest assured that an operation upon rayed tissue will not be followed by recurrence.

The results of the treatment by the ray may be summed up as follows: there is first, relief of pain; second, of hemorrhage, or discharge; third, a gradual atrophy of the glands; fourth, an active congestion of the tumor takes place, and fifth an evident absorption is observed, the tumor gradually decreasing in size, until in a few cases a complete disappearance has taken place. In the majority of cases however we find that a certain amount of the tumor will remain, and may be removed or let alone, as may be thought best by the attending physician, as either method seems to offer equally good results, as the tumors have shown no tendency to grow in the eighteen cases that have been under my observation for over three years. In six cases where the tumor was subsequently removed to help the patients' piece of mind the characteristic tissue had disappeared. I would like to say right here that a warning should be sent out to surgeons in regard to patients that have been submitted to prolonged radiations, as it is a known fact that they do not stand an anesthetic well, and several accidents have occurred, due to some change that takes place in the blood cells which makes them respond unfavorably. Ether is the only one of these agents that gives any assurance of safety.

I will report eighteen cases of primary carcinoma that have not been under treatment for a period of three years.

Case No. 1—Miss L., age 22, Swedish, March 4th, 1900, she noticed a lump in the left breast six weeks before presenting herself to a physician, a diagnosis of carcinoma was made and her immediate removal to the hospital insisted upon. A natural terror of an operation made her decline, and she was brought to me for an examination. A small rotary punch was used to take a specimen, and upon examination it was pronounced a schirrus cancer. The absolute refusal of an operation led me to try the ray, and in six weeks it was evident that a gradual improvement was taking place. The glands in the axilla absorbed, and the tumor had diminished in size, the pain ceased, and at the end of our months the tumor was barely perceptible. No recurrence has taken place.

Case No. 2—Mrs. S., age 28, clerk, had child at 18, on April 20, 1900, a rapidly growing lump developed in the left breast, involving the glands. An operation was advised six weeks after its discovery, and refused, owing to financial conditions. The tumor had reached the size of an orange with nipple retracted, though her general health was good. She was treated daily for 8 weeks when a mild reaction developed, she was given a three weeks rest, after which the treatment was again continued three times a week for six months. The glands disappeared within eight weeks,

and the tumor shrank in four months to the size of a filbert, and one year after she begun treatment the lump had completely disappeard. Her general health has remained good, but she has a periodical scare evry time she hears of a death from cancer.

Case 3—Miss M. G., age 19, stenoggrapher, the sole support of her family. April the 4th, 1900, she presented herself at the clinic of the Post Graduate Medical School. A lump in the left breast had appeared four months previous to this, involving the axillary glands. She was poorly nourished and of a nervous temperament. A section was taken out with the rotary trephine and pronounced carcinoma. An operation was advised, but refused, when daily treatments of the X-ray were begun and continued for three months, then changed to three times a week, and at the end of seven months the tumor had entirely disappeared. She has had no recurrence.

Cases 4, 5, 6—These were all postoperative cases. 4 and 5 improved rapidly, but eventually died from cancer, but No. 6 was not influenced in the slightest degree.

Case 7—Mrs. J. G., age 40, April 28th, 1900, carcinoma of the left breast. Tumor the size of an orange, nipples retracted and ulcerated; glands in axilla involved, gave history of a fall striking her breats across a board. Diagnosis confirmed by microscopical section, operation recommended, but refused, when daily treatments were given with the X-ray and continued for three months, then three times a week. Glands in axilla disappeared, and the tumor began to absorb, ulceration healed rapidly, and a general improvement in health took place. The tumor shrank to the size of a walnut, and has remained so up to the present time, no farther metastases having developed.

Case 8—Miss A. T., age 24, July 8th, 1901, carcinoma of the wrist, amputation advised but refused, when daily X-ray treatments were given and continued for two months, when a severe type of dermatitis developed, and after it subsided the tumor disappeared very rapidly, and up to date no recurrence has taken place.

Case 9—Mr. Geo. S., age 42, Aug. 2nd, 1901, used tobacco to excess. Ulceration appeared four months previously, a microscopical examination proved it to be epithelioma. X-ray treatments were given with a monopolar tube containing the cathode only, and actuated by a powerful high frequency coil. The tube being in contact with the ulcer. After seven treatments a serious inflammation developed, the tongue became swollen so that it was difficult for him to eat. This condition lasted for ten days, and then begun to improve rapidly until he was discharged, three months after first coming for treatment.

Cases 10, 11, 12, 13—These were all breast carcinomas in women between the ages of 30 and 40 years. Diagnosis was confirmed by microscopical examination. The results were perfect, treatment averaged about four months apiece.

Case 14—Miss S., age 19, Sept. 17th, 1901, epithelioma of nipple. Microscopically confirmed. She was a nurse girl, and allowed a peevish child to pull at her nipple all night for several months in order to get some sleep herself. The pain was very severe, and ulceration set in very early. She positively refused an operation, and was put under X-ray treatment. A severe dermatitis followed the 21st treatment which lasted three weeks, as soon as it subsided an immediate improvement of the ulcer took place, and at the end of six months no evidence of the disease remained.

Case 15—Miss A. T., age 22, Oct. 26th, 1901, epithelioma of the lower lip, she was a hair dresser and ascribed her trouble to holding her mouth full of hair pins while arranging her custo-

mers' hair. The lip was very much indented, and a deep ulcer was present. Diagnosis microscopically confirmed. She refused surgical measures, and was submitted to X-ray treatments for three months. No dermatitis or objective signs of irritation appeared, still the ulcer healed in four weeks, and the induration in the three months. She has had no recurrence since.

Case 16—Seamstress, carcinoma of the colon, Oct. 28th, 1901, diagnosis confirmed by operation, but there was so much involvement that nothing was done, but to remove a section and close the wound. The colon was involved for a distance of eight inches, while the omentum was seriously involved, and adherent everywhere. She had been suffering from chronic constipation, and colicky pains in the abdomen for some months. After the wound was closed she was submitted daily to the X-ray treatment from a high well plated tube, a steady improvement in health took place, while the induration began to disappear. The progress was steady and she gradually regained her normal vigor. The constipation was relieved, but curiously enough another symptom developed that has caused her great distress, an irritable bladder has made life a burden for her. No apparent cause for it can be found, and it is a serious question if the trouble is not due to an internal X-ray burn. She is still alive, and as far as the bowel involvement is concerned is apparently well, but no relief has ever been afforded to her bladder by any procedure. It is of considerable interest to know why this bladder causes so much irritation, it has a normal appearance, and urine analysis is negative, and I have come to the conclusion that she has an X-ray burn of the bladder wall, as the distress cannot be accounted for on any other theory. Several cases that have had the X-ray treatment around the pelvis have complained of distress in the bladder that lasted for a few weeks.

Case 17—Miss T., age 34, one child, followed by an abscess in the left breast. Jan. 20, 1902, she appeared for treatment showing a large tumor of the breast with several large axillary glands, the nipple was inverted and she complained of severe pain. The tumor was of schirrus growth and presented a stony hardness to the touch. She did not wish an operation, so was placed under the X-ray treatment daily for three months, through aluminum. The glands in the axilla disappeared and the tumor shrunk to the size of a walnut. No farther improvement took place, or was any other growth noted up to the present time, she is satisfied and remains in good health.

Case 18—Miss C., age 36, Sept. 10, 1903, she has six children. A large schirrus growth in right breast with extensive glandular involvement. No results were noted from the X-ray treatment except relief from pain. The tumor was removed by the Tmic mercury cataphoretic process. Owing to conditions present we were not able to attract the glands in the axilla, and the sloughing of the parent cancer was followed by the immediate disappearance of the glands. In this case owing to the defective technic we had to contend with extreme negative burns upon the back requiring months to cicatrize. No return of the cancer has been noted.

Case 19—Mrs. Z., age 56, Sept. 1, 1903, carcinoma of the left breast, with glandular involvement. She was under treatment for five months, which resulted in the total disappearance of the tumor. She is still alive and no recurrence has taken place.

This completes the series of cases that have not been under treatment for a period of three years, and a careful study of them will go far to confirm the value of the X-ray in cases of primary cancer which have not been submitted to an operation. Of the numerous cases of post-operative cancer that I have treated, putting them all in one class, I

have to record only about 22 per cent of successes; but I am convinced that it will prolong life for months or years in certain cases if used persistently, except in very old people in whom the operation seems to be the beginning of the end, they have so little recuperating power that they never recover from the effects of anesthetic.

I am not prepared to offer the ray as a cure for cancer; but I am becoming more convinced all the time that it is the most successful, and if persistently given with due regard to the ability of the body to absorb it, good results may be looked for in primary cases.

(To be Continued.)

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

(Continued from page 11 January Recorder.)

THE SURGICAL TREATMENT OF PRURITUS

This condition is treated with a great variety of medicinal agents. Sometimes one remedy will relieve where all others fail. The physician therefore comes to use a variety of preparations in the treatment of such cases. Where all remedies fail we have various methods of surgical treatment. The most satisfactory surgical treatment being by the excision of the cutaneous surface which is subject to the intractable itching. The use of the cautery was recommended about the same time as the practice of excision. It is not as satisfactory as excision of the skin over the itching area. The use of the cautery is followed by a more painful reaction than the clean removal of the affected skin. Sometimes a considerable area is involved in this process and in such instances the entire area should not be removed at one sitting as the condition produced is too annoying to the patient and healing is not as fast as where alternating strips of tissue are removed. The excision of the skin about the anus would appeal to the inexperienced as a most objectionable way of treating any condition of this region yet as to the true state of affairs such is not the case, the removal of the cutaneous surface being a course of treatment free from any decidedly objectionable features. It is true where considerable area is involved in the process the healing will take a considerable time but if the parts are treated intelligently and irritation avoided it causes the patient little annoyance.

Where a patient consults with pruritus ani the physician should try the various agents used in the treatment of this condition and in the event of the failure of these agents the operative treatment should be instituted. There is also a class which demands operative treatment. This class includes those which respond temporarily to various agents but in which recurrence inevitably follows their discontinuance, or the development of tolerance. We see quite a few cases of this kind where temporary relief has been followed by relapse until the patient is disgusted with all medicinal treatment. Various modern therapeutic measures have been tried in these cases and this disease is frequently catalogued in the prospectus of the instrument maker as curable by some instrument or appliance calculated to separate the physician from a few or many hard earned dollars. The physician can always question the cure for pruritus ani which has not stood the test of several years' time. In fact it is not unusual for long periods of relief to follow the single application of certain agents. In illustration of which point I recently received a communication from a young man whom I treated

nearly five years ago by the single application of an alcoholic solution of salicylic acid. He had suffered for a number of years from this trouble. He had tried a great variety of preparations. A considerable area was involved. I suggested excision under general anesthesia. He demurred for the time and I suggested that he allow me to apply the alcoholic solution of salicylic acid. I applied this agent thoroughly and over four years following there was complete relief.

The dissection of the skin affected is very easily accomplished and large areas might be removed with the aid of local anesthesia. The injection of a very weak solution of cocain, one-fourth grain to the ounce of sterile water, will painlessly produce insensibility to pain. The dissection may be accomplished with knife or scissors. If the verge of the anus only is involved the area of skin may be dissected off in four sections. The dissection being carried well within the grasp of the sphincter but not far enough to denude this muscle. The muscular fibers need not be denuded of cellular tissue. The dissection if carelessly made might include fibers of the muscle but such is very improbable if any care and judgment is used. Bleeding may be fairly free for a few moments but this is not the rule. Any bleeding points defined with sufficient accuracy may be occluded by hemostats. The dissection should cause no pain. If the infiltration is not perfect and pain is felt by the patient the operator may temporarily discontinue the dissection and further infiltrate. One half ounce of the infiltrating solution will render insensitive a considerable area. When this has been removed the operator may infiltrate a second area and remove it in a similar manner. The removal of a large area may thus be accomplished at one sitting but as I have previously suggested it is advisable to remove alternating strips under such circumstances as healing occurs much more rapidly the epithelial cells being reproduced from each edge of the strip left intact. When the healing is complete from the first operation should the skin left continue to give trouble it may be removed at a second sitting. The dissection away of the skin about the anus should be accomplished with due aseptic precautions and should the operator elect after the bowels have been thoroughly emptied by purgatives. The patient may then be kept on a milk, egg and toast diet and the bowels prevented from moving until the third day by a moderate dose of morphine. At the end of this time the lower bowel may be carefully washed out and a quantity of water left in the large bowel to soften the stool and to aid in re-establishing peristalsis. Laxatives may then be continued during the healing process so that the patient suffers little or no inconvenience from bowel movements.

The after-care of the raw surface should include the use of antiseptic washes which are unirritating and which will keep the parts thoroughly clean. I am accustomed to recommend the use of plain sterilized absorbent cotton as a protection while healing processes are yet incomplete.

(To be Continued.)

Prof. Behring announces that in the autumn he will give full particulars regarding his serum for the treatment of tuberculosis and that further work is supporting statements previously made. He says that cows can be rendered immune from tuberculosis by injections of his serum for a period of two to four weeks and that children fed on milk from these immunized cows also become immune. Persons made immune by drinking milk from immunized cows are in no danger of tubercular infection from any source.

LIGHT

By W. Stuart Leech, M. D., Brooten, Minn.

"And God divided the light from the darkness" after the first fiat. "Let there be light, and there was light." The air is supposed to extend 100 odd miles above the earth and beyond this our grandfathers called it nothing or ether, but we of the present generation are beginning to think that this interplanetary ether is one of the most wonderful things in the universe. It exists in all creation, in air, in water, all other matter; in fact the more compact the matter, the greater the amount of ether present. Revolve your glass plates by your stationary plates, as in the static machine, and you grind out or compress this subtle ether which appears in the form of light or what we call electricity. Electricity is compressed ether. Ether is the cloak or the wall of matter which divides all other matter from the spiritual world or a world of light.

If we shoot a ball through water, or if we can imagine a bucket of water being dashed through its own element water, we know that the fluid is separated leaving a space behind which is quickly filled in first by air then by the returning water. Let us do the same with ether by using the revolving plates or the revolving clouds above us and as the compressed ether jumps from the positive to the negative it not only splits the vapor and air but separates, splits, or knocks a hole in the great ocean of ether permitting the light from another world to show itself. Heat is atomic action, and this action when it becomes so rapid thins the wall of ether allowing the light to shine forth in various degrees and shades according to the character of the molecules in its way. If the light is reflected by strontium, barium, carbon, air or anything else it partakes of the nature of the particular elements it is passing through. Atomic action is heat, heat therefore gives light because all matter is being dispersed or thinned. Drive away all matter except ether from a given space and you see nothing or vacancy as we call it; annihilate or push aside from this space the ether and you will have light. If it were possible to roll back this ether from a ten-foot square no human eye, without protection, could behold it and live, so great would be the brilliancy. There is a spiritual world right here with a material floating in the same space. The ancients may have had just cause for considering the light from fire of divine origin.

I accept the working theory that man's soul is a triad, or a triune. Within our nervous system we have animal electricity or ether, in the harness as it were, doing good service in the employ of a member of this triad. Let this ether be compressed too rapidly within the human economy and it will rush where the invitation is strongest, upset, push aside, almost annihilate as in a static explosion, nerve terminal, pacician body, or any other tissue cell that is in the path.

Illustration I—Place five hundred pages of paper between the two poles of a static machine and generate a six or an eight inch spark and it will penetrate all leaving a pin hole behind. Air, paper and ether were punctured.

Illustration II—Empty from a height a bucket of water into a barrel of water and it is agitated or badly shaken up. Touch simultaneously the two poles of a charged electrical machine and your nerves are shocked. In both instances a fluid is poured into a vessel containing the same medium. The gentler it is poured the less the agitation. To draw a conclusion from this last illustration we will say, theoretically, galvanism is the best form of electricity for the general increase or the production of healthy animal growth.

In some of the functional nerve dis-

eases and especially in epilepsy a static explosion takes place violently agitating, overthrowing, puncturing or exploding prematurely a brain cell.

After the body receives too much nourishment, as in some cases of indigestion, notice how the compressed ether follows the reflex nerve, first pushing a hole in itself at a nerve terminal, overturning tissue cells to be followed, at times, by inflammatory action as in a canker of lips, buccal cavity or as exhibited in herpes. In a twitching muscle we have these explosions. At the seat of any irritation they may take place in variable strengths as cancer following verruca, or cancer of tongue from tobacco irritation, or of gums or buccal cavity from a decaying or sharp pointed tooth.

Remember that in these explosions which take place in the body, no less than in the air, all matter, including the ether itself, is pushed aside and a vacancy, indeed, is left.

According to the degree and the rapidity of the explosions, in some instance and without violating any karyokinetic law, epithelial and other tissue cells are punctured, upset, twisted and otherwise contorted thereby producing malignant cancer.

In the X-ray we get these ultra-violet or other rapid explosive sparks, which when turned upon flesh of the living kind will knock down the cells by brute force, puncturing, overturning, and otherwise incapacitating them from segmentation and reproduction. The cells will now be encased by a degenerative fat cell, encysted, or probably carried off in the blood current to be excreted.

If the knocking down process is pushed to an extreme we will get ulceration.

In the cancer treatment the diseased or interloper cells cannot so well resist the onslaughts of rapid explosions or is not so active in repair.

PLEURISY

By R. B. Hopkins, M. D., Milton, Del.

I think some practitioners meet with the above disease which they are apt to diagnose as pneumonia. They attribute the persistent dullness to delayed resolution, the continuance of the distressing cough to irritation of the bronchi. The fact of the matter is they fail to appreciate the physical signs. They have not acquired the tactus eruditus which practice and experience alone can impart. I say this not disparagingly but with professional courtesy hoping to incite a deeper interest in physical examinations, in which a physician with all care and practice can not become too adept. The physical signs in pleurisy are unmistakable—the absolute dullness (in large effusions), the absence of vibration on the affected side, absence of vesicular breathing, the oppressed breathing, the dry cough, the nontransmission of sound over the affected area are pathognomonic.

The affection is apt to occur at all ages, childhood probably being most exempt.

A short while ago I was called to see a man aged fifty who had been complaining for two weeks yet had not consulted a physician. While talking with him I noticed his breathing was oppressed, accompanied at times with a dry cough. He complained of nothing aside from being weak and oppressed in breathing on exertion. Here was a case had I failed to make a physical examination in all probability would have proved fatal. The result of the examination proved to be a case of pleurisy with considerable effusion. The next day I withdrew (using very small trochar) one-half gallon of fluid. This caused no discomfort, but relieved him greatly. He was given medication in order to aid absorption and watched carefully. In a few days detected effu-

sion and one week from first aspiration, withdrew one quart of fluid. At the end of another week found it necessary to aspirate again and withdrew three pints. By increasing diuretics and saline purgatives, finally succeeded in checking the osmosis into the pleural cavity. I report this case as one of interest from the number of times aspirated, followed by complete recovery. In conclusion will add there was no disease of the kidney or heart therefore the effusion did not follow as a secondary process to the affection of these organs.

TREATMENT OF PNEUMONIA IN CHILDREN

By Perry Woolery, M. D., Heltonville, Indiana.

It is not my idea to advance anything new in this paper but to impress upon the readers the importance of proper therapeutic agents in the treatment of a trouble now prevalent in most sections of the country.

I will say nothing of etiology or pathology, but will simply refer to a few of the things I have found of value in the treatment and management of these cases. When called to see a child with a history of sudden onset of the trouble, temperature 104-5, pulse rate 140-160, respiration 40 to 60, hacking cough, the diagnosis should be easily made. The first thing I do is to empty the alimentary canal by calomel in suitable doses followed in 4 hours by large dose of castor oil. I then prepare a solution for fever composed of Abbott's dosimetric trinity, (aconitine, digitaline, and strychnine) all of which are indicated and dose according to Shaller's rule. Give it every hour when awake, indefinitely, while the child has any fever at all. After the bowels move freely give a teaspoonful of the syrup quinine (tasteless) every four hours when awake. Sometimes use syr. tolu and ammonia muriate but frequently nothing except as above mentioned.

As a local application I use camphorated oil with a little clove oil added. Use it twice a day and cover with cotton jacket or a hot flannel cloth. Keep child quiet and no other medicine will be needed till near the crisis when I always give alcohol in some form for a few days. The diet should be nutritious, eggs, rice, milk soup, etc., but if milk alone is taken freely I never care if it does not take anything else.

To sum it all up I believe if more of us would use the alkaloidal treatment for pneumonia (and especially in children) our mortality rate would be much lower and we would have a higher standard in our profession.

BRONCHITIS AND BRONCHO-PNEUMONIA IN CHILDREN

By William A. Wood, M. D., Gallatin, Missouri.

Among the diseases of children at this season of the year none is more common than bronchitis and pneumonia. If anything we can say on this subject shall lead to a more careful study of these grave diseases in young children, our labor will not be in vain.

In dealing with this class of patients very many difficulties confront the physician. The infant can give him no information, and the child who is old enough to answer his questions intelligently very often refuses to come to his aid, hence subjective symptoms are not available in reaching a diagnosis. The thermometer is not reliable for the reason that in children the temperature fluctuates. It rises suddenly and falls just as suddenly without any ascertainable cause. The pulse is also unsafe as a guide in disease, because the physician has no means of knowing what it is in normal health. Under the influ-

ence of nervous excitement, anger or fright both the temperature and pulse are changeable and uncertain. When we add to these incidental influences the disturbing pneumonia of the disease, we begin to realize the embarassments of the medical adviser. The physician who is a close observer is, however, not without resources. He can get very much of the information he needs from the mother or nurse of the child. The cry of pain is different from the cry of anger, or of hunger, or of exhaustion. He must note the difference. In pneumonia the cry is suppressed in consequence of its interference with respiration. The peculiarity of a cough must be studied. In ordinary bronchitis it does not cause pain. In pneumonia it is accompanied by more or less pain, which is plainly depicted on the face of the child.

Physiognomy also teaches its lesson. Conditions of the countenance reveal the nature of the disease. In sleep the face of a healthy child expresses repose. In pneumonia there is always a movement of the nostrils, indicative of difficult respiration. A chewing motion of the mouth denotes gastro-intestinal disturbance. It is said that the upper third of the face is changed in brain affections, the middle third in diseases of the chest, and the lower third in abdominal lesions. Contractions of the brow show pain in the head and drawing of the upper lip, pain in the abdomen. A waxy color of the face indicates kidney disease, and a flush on the cheeks, inflammation of the lungs or pleura.

As a broncho-pneumonia is usually secondary to bronchitis, it is not an easy matter to determine exactly when it begins for its symptoms are often very obscure, and for this reason it is important to study all the objective symptoms which may aid in reaching a correct diagnosis.

Bronchitis is a very common disease of infancy and childhood. It is variable in extent and intensity. It begins with coughs, hoarseness, difficulty of respiration and febrile excitement. There may be also soreness of the throat, coryza sneezing, and a watery condition of the eyes. It may be ushered in with a chill or a chilliness, with languor, exhaustion and drowsiness, followed later by more or less fever. The pulse becomse frequent, with a rise in temperature. The cough may be slight at first, but increases in proportion to the extent and intensity of the inflammation. When it is frequent and severe it will be accompanied by more or less pain or soreness at the base of the sternum, but the face does not express the same degree of suffering as in the cough of pneumonia. The respiration in mild cases is but little accelerated, but in severe cases it is short, difficult and oppressed, and is attended by a wheezing or a rattling sound, heard first in the throat, but subsequently over the whole of the chest.

The physical signs of acute bronchitis in very young subjects are a combination of mucous and sibilant rhonchi. In older children these sounds are more marked, especially the mucous rhonchi. When the inflammation extends to the more minute ramifications of the bronchi the general symptoms are correspondingly aggravated. We have now the capillary bronchitis of the older writers, which is exceedingly dangerous, generally terminating in death, sometimes in a few hours.

Every case of bronchial catarrh should be regarded as the beginning of a pneumonia. In the commencement of an attack of bronchitis a small dose of calomel and Dover's powder, followed with castor oil or salines, will be of service. Quinine now in small doses should be given at short intervals for about two days. Alternated with this, the following may be given:

℞

Vin ipecac.....ʒj.
Syrup scilla.....ʒss.
Syrup senega.....ʒss.
Tinct. hyoscyamus.....ʒj.
Cord. ol. morrhuae comp.
(Hagee).....ʒij.

M. Sig.—Take from one-half to one teaspoonful, according to age.

The child should be kept warm with flannel next the skin, should remain in bed with the room at a uniform temperature of not less than 65° F., and should be given mucilaginous drinks, barley water with such nourishment as will best meet the want of the system. Fomentations or hot cloths applied to the chest will often be of service.

If there is much prostration the following prescription may be given:

℞

Spts. ammon. arom.....ʒj.
Syrup senega.....ʒj.
Tinct. scilla.....ʒss.
Syr. prun. virg.....ʒij.

M. Sig.—Take from one-half to a teaspoonful every two hours.

In children of eight years and upward, the muriate of ammonia in small doses may be substituted for the spts. ammonia aromatic.

In case the inflammation has extended to the lung substance and bronchopneumonia is developed, the chest should be enveloped in a jacket poultice of linseed meal covered with oiled silk, and if there is high fever give as follows:

℞

Potassii citratis.....ʒj.
Spts. ammonia arom. gtt. xv.
Spts. ether nit.....ʒss.
Liq. ammon. acet.....ʒiij.
Glycerine.....ʒss.

M. Sig.—Give one-half to one teaspoonful every two hours.

If the cough is distressing, give the following:

℞

Vini antimon.....ʒss.
Spts. ether nit.....ʒij.
Tinct. opii camp.....ʒij.
Cord. ol. morrhuae comp. ʒiss.

M. Sig.—From one-half to one teaspoonful every two hours.

Of course symptoms as they arise must be met. It may be necessary to resort to aconite or digitalis or alcoholic stimulants, but the above is a general outline of the treatment in these cases.

DIPHTHERIA

By J. L. Wolfe, M. D., Cedar Falls, Ia.

As the winter months are upon us and as this disease is more prevalent at this time of year, I desire in this article to give my opinion and experience in the treatment of it.

My observation in the treatment of a large number of cases, is that there is too much attention given to the local effects instead of its primary or systematic lesion, and the result is failure to control or cure. The time occupied in endeavoring to remove the exudation, absorbs the attention and valuable time in which the primary lesion should have been treated and brought into subjection, thus arresting the cause, and then removing the exudation partly by superficial destruction, and partly by absorption.

These remarks apply to new cases. Later when the disease is fully developed, producing its characteristic local phenomenon, it becomes necessary to use such means as will dissolve or arrest its advance, as it adds to the danger and may of itself prove fatal, or by advancing to and below the larynx, may complicate the disease.

Scudder in his "System of Medicine" gives a clear statement of pathological facts; and if we keep them in our minds, we should not go astray in the

treatment. He claims that the general disease, and the local lesions that arise during its continuance, have a mutual reaction. The latter are not confined to one period of the disease only; they occur throughout its course, sometimes proving fatal by the vital importance of their location, at other times adding to its force and prolonging it continuance. The general disease impresses a special character, not only upon the local lesions which it occasions, but upon any concomitant morbid action; it is marked throughout by an elevation of the normal temperature of the body, by enlargement of the lympathic glands, and the spleen, by a varying amount of congestive action of the liver and kidneys, of various parts of the mucous surfaces, as well as that of the fauces and first air passages, where the specialty of the diseasesd action is most marked, and where it sometimes expends its entire forces. The local lesion peculiar to diphtheria, is most readily induced in surfaces exposed to the free access of air, and though not restricted to them, it is here that it assumes its most characteristic development. In this connection we should remember that there is a state of blood in the capillaries, a destruction of the red corpuscles and a formation of fibrin, as shown by the spontaneous coagulation of part of the exudation. These changes take place in close contact with the blood vessels and commence in the mucous membrane beneath the epithelium, transforming the cells of sub-epithelial layer, or of the epithelium itself, or altogether replacing them by the fibrinous exudation or false membrane. The false membrane cannot be detached without leaving a bleeding surface which is rapidly covered with a new layer; it neither assists the cicatrization of the surface on which it forms, nor even becomes organized itself. Superficial ulceration results from the interstitial necrosis of some parts of the tissue invaded by it, but there is no gangrene or mortification of its substance.

The early pathological symptoms are yawning or sighing, great lassitude and debility, aching of the back or limbs, chillness, sometimes distinct rigor, intense headache, vertigo, extreme muscular weakness, obtuseness of the mental faculties, the pulse accelerated, which in children or young persons, may rise to 130 or 140 a minute with accelerated temperature, which early in the disease will reach 101° in the morning, and 104° in the evening, and other symptoms with which many are familiar. But the point here that I wish to make, is that the above are prominent symptoms in the early stage of the disease; and while there are cases in which the local symptoms are most prominent, still in a large number and those the most severe, the above are manifested before the exudation is seen in the throat.

As an internal remedy for diphtheria, I usually prescribe the following: Fluid extract echinacea ½ ounce, warm water 4 ounces. A teaspoonful for adults every hour.

Locally as a wash or gargle for the throat, pinus canadensis 2 drachms, warm water 8 ozs. Gargle or swab the throat about every two hours.

The antitoxin treatment is now so well known that it is not necessary to more than mention it here.

Prof. H. W. Wiley, chief of the government chemistry bureau, states that more than a million babies have been killed by soothing syrups and pain killers and over twice that number killed by impure milk.

Dr. J. E. Armstrong, of Chicago, a prominent educator, says: "The present high school curriculum is driving the lazy boy to work and the girl into nervous prostration."

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

EVACUANTS

Evacuants are very important in many diseased conditions. The following is of value in acute diseases when the liver is torpid:

℞

Podophyllin.....gr. i.
Calomel .... gr. ij.
Sodium bicarbonate...gr. iij.

M. Sig. Divide into six doses and take one every 30 minutes until all are taken. Then follow with oil or salts of needed.

Dr. W. H. Burgess says that calomel and sodium bicarbonate are incompatible but I think not.

Dr. W. F. Waugh says sodium bicarbonate is a laxative in large doses. It is supposed that soda will assist the action of calomel by many who have used them together and this is according to my experience. Besides calomel is not as likely to salivate if combined with soda.

Dr. W. H. Burgess and others claim that calomel is inactive and has no influence except a part which they say is changed into bichloride of mercury but this is a mistake. Calomel will act and it does not act like the bichloride of mercury either.

Podophyllin is a slow acting purgative and cholagogue. It acts well with calomel. It is now claimed by a few writers that when podophyllin is well triturated with sugar of milk one to one hundred that it acts much better as a cholagogue but not as a purgative. The idea of triturating remedies should not be overlooked especially of some remedies.

The following is very highly recommended as a cholagogue and laxative when the liver is torpid: Take equal parts of powdered gamboge, iris, leptandra and aloes. Mix them and fill No. 1 capsules and take one every three hours until it acts well.

The following is also recommended:

℞

Double sulphide .....gr. j.
Aloes... ....gr. j.
Croton oil .....gr. ⅛.

M. Sig. This is one dose for purgative effect and for laxative effect take half of it.

Dr. Burgess of Avondale, Chattanooga, Tenn., in his new book, "The New Field," second edition, gives the following as a laxative syrup:

"Take equal measures of Epsom salt, sugar and boiling water. Ft. sol. Boil for five minutes then bottle. Dose, one teaspoonful.

"To cure a woman's headache, dose, every half hour.

"To neutralize foul secretions in the stomach, dose before breakfast every morning.

"To cure constipation, dose t. i. d.,

"For rheumatism, neuralgia, etc., dose every half hour.

"For a purgative dose, every half hour three or four doses.

"For cough five to ten drops every few minutes.

"This is not a crude mixture but a true chemical compound.

"If mixed with water at 70° F. instead of boiling water it becomes almost ice cold showing chemical reaction. The taste is good, very different from what you would suppose.

"Boiled with a few green leaves—raspberry or peach, etc., it resembles olive oil and surpasses all liniments.

"Colored with poke berries it forms

the Wonderful Decandra Antifat and reduces obesity in a physiological way. Dose t. i. d. Epsom bath and double sulphide go with it. See treatment for obesity."

Recently Dr. Burgess wrote me as follows in reply to what I asked him:

"I do not think purgatives are safe in pregnancy. I was taught so and have not used them. I use warm water enemata or warm weak Epsom water enemata. I do not use my antiseptic cathartic very often in any condition. I prefer the saccharated saline which I have placed at the head of the formulas in part 2. I have used it two years and like it best of any laxative or purgative. I think you will like it. Make up a gallon or more at a time."

The antiseptic cathartic which Dr. Burgess speaks of is made as follows: It is made into tablets, each tablet contains double sulphide ½ gr., aloes ½ gr., croton oil 1-16 gr. Dose as a laxative, one tablet; as a purgative, two tablets.

I do not think that purgatives are as dangerous during pregnancy as many physicians suppose. I have known pregnant women to take most all kinds of purgatives without doing any harm. Pavara pills are of much value as a laxative during pregnancy.

JOHN ALBERT BURNETT, M. D.
Cecil, Arkansas.

HONORABLES AND QUACKS

Certain men in high official position in the last few years have allowed their pictures to be scattered over the country by various quacks. Every physician must have observed it but few thus far have spoken of it in our medical journals. These men have lent their endorsement to secret concoctions that are placarded as cure-alls. The method thus far has been to fight the quack with legislation. This has caused representative men (legislators, congressmen and appointees) to have a sympathy for the quack. Many a physician is doubtless using his influence in favor of men who endorse quack medicines publicly that would cease to do so were they to know of this

Let us do all in our power to turn these men down politically; then others will be more careful in the future.

It is not so much that the quack dope that is often more or less loaded with alcohol, cocaine or opiates gets a greater sale, but every one of these testimonials reflects that the quack has done what hpysicians failed to do. Well, we know that these endorsements are signed on the spur of the moment and the patient in a few weeks is no better. Also we know that nearly every doctor that he has treated with has had him listed as cured for a few days or weeks. Also we know that many of these publics men can only be held to taking medicine regularly by catering to an alcoholic or opiate appetite. Then some people "get better or well" with no treatment. The quack in fact is the only one that tells about his cures publicly. If congressmen feel that by signing these testimonials they will become known to the world as backers of unscrupulous men they may be more careful.

C. E. BOYNTON, M. D.
Millville, Cal.

PHYSICIANS WHO DISPENSE

Although the ranks of the medical profession are overfull there need be no cutting of prices in order to get a living. If you can not get enough practice to satisfy your needs, improve your service, be more honest, dispense your own drugs and get rich.

Why do druggists complain bitterly when a doctor chooses to fill his own prescriptions? That is easy. Because the doctor gets the money instead of the druggist. Can the physician do this work as well as the druggist? Yes, he

can do it just as well and he is personally interested in doing it better.

When I was in the drug business a traveling salesman called on me once (only once) to sell me a line of fluid extracts, syrups, and imitations of many well known reputable pharmaceutical preparations. He was a smooth talker and commenced by informing me that his house was building up an enviable reputation for honest products and honest treatment of the much abused druggist.

Then he got down to business. He told me that he would allow me seventy per cent discount from the list prices in Parke, Davis & Co.'s catalog, and furnish me a line of goods which could not be detected from their goods by any physician who knew nothing about drugs except the Latin names which he wrote on his prescriptions. He advised me to keep my original P. D. & Co. bottles and refill them from time to time as needed from his bottles, and keep them where the doctors who prescribe could casually see them when they came in to see what their brother doctors are prescribing for patrons of their other days.

He told me that nearly all wide awake druggists were now adopting this plan and it was a great set-off for the business lost by the increasing number of physicians who were dispensing their own medicines. He also informed me that a large part of the medical profession were beginning to admit the fact that ninety per cent of all cases of sickness would get well better and quicker if they could take some inert and harmless dope instead of the powerful drugs formerly advocated by the works on materia medica. He said that his house recognized this idea and made their preparations accordingly. He also said that I need not hesitate to trust any of my clerks in filling prescriptions from their goods as they were all made on the conservative, or absolutely safe plan, and mistakes in quantity or even in the thing itself would cut no figure. He informed me that my competitor, who was the superintendent of the Methodist Sabbath school in my town, had given him a large order. When he had departed without selling me any goods, I immediately sent a "For Sale" ad. to several drug journals and inside of one month I retired from the drug business. I have been dispensing my own medicines ever since.

A. D. Hard, M. D., Ph. G.
Marshall, Minn.

Editor Recorder: On page 19 of your January issue W. H., M. D., of Missouri, asks what to do for his four-year-odl girl patient with periodical spasms and convulsions about every six weeks. Put her on the following prescription daily until cured:

℞

Quinine sulph. . . . . gr. xij.
Fld. ext. chenepodium. . . . ʒi.
Fld. ext. spigelia. . . . . ʒvi.
Fld. ext. senna. . . . . ʒiv.
Pulv. potass. bromide. . . ʒss.
Tr. nux vomica. . . . . gtts. v.
Glycerine pure. . . . . ʒss.
Oil cinnamon . . . . . gtts. iii.
Essence pepsin, g. s. ad. . ʒvi.

M. Sig.—A teaspoonful an hour before each meal and drink one-third of a teacupful of as hot water as she can bear. After each dose of medicine. Keep her feet and hands warm, out of damp, cold weather.

Dr. W. H. Gray.
Michigan City, Ind.

Censure and criticism never hurt anybody. If false, they can't hurt you unless you are wanting in manly character; and if true, they show a man his weak points and forewarn him against failure and trouble.—Gladstone.

Suspicion which may be unjust need not be stated.—Abraham Lincoln.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

IS MEDICAL ART DECLINING?

The opinion given by Sir Dice Duckworth, a noted English physician, will find an echo in the minds of many American medical men. In a lecture delivered in London during the winter he says that, while the sciences on which medicine is based, have made astounding progress in the past half century, the art of medicine itself has materially declined and fallen into neglect during the same period. An undue amount of time is occupied by the study of scientific subjects during what should be a purely medical and surgical curriculum. If pursued too far or in wrong directions, these studies have little bearing on the student's life work. The chemist, the biologist and the physical science man must relax their hard grips on the poor medical student. No clinical and therapeutical education can be too long or too thorough.

It is certainly very true of present medical education in America. In breaking away from bad old methods, as training through preceptors and in the endeavor to raise the standard of medical education, we seem to be overshooting the mark and neglecting the essential, practical part of medicine, namely, the art of healing. It cannot be denied that the youngest generations of physicians have an altogether too limited knowledge of materia medica and practical therapeutics. They allow the wholesale chemists and pill manufacturers to do their prescribing. They are often far more interested in the discovery and study of the bacillus than in the study of the patient who gives it habitat.

BEHRING'S NEW SERUM FOR TUBERCULOSIS.

Professor Behring's announcement at the last International Medical Congress that he was at work on and had nearly completed a method by which tuberculosis could be both cured and prevented aroused much comment and expectation. We are told now that a large quantity of his new serum was sent to an experiment station in France and that the experiments conducted there seem to demonstrate that tuberculosis among cattle can be prevented. The serum was used hypodermically and cattle thus vaccinated together with others not vaccinated were inoculated with virulent cultures of pulmonary tuberculosis. The unvaccinated cattle became tuberculous, while those vaccinated remained free from tuberculosis. This means indeed a great step toward the creation of a serum for the cure and prevention of tuberculosis in human beings. But the work is only in its beginnings and a great deal of experimentation is necessary to prove the value and scope of the new agent. The medical profession has so far maintained a more or less skeptical, or at least expectant, attitude towards the new serum.

ALCOHOL AND CANCER.

It is claimed by some that the use of alcohol favors the development of cancer in later life. A contribution to the question is made in a paper by Dr. R. H. Fox of London, England, physician to a benevolent and insurance association, presenting a study of a series of 114 deaths from cancer among males. He divides them into three classes according to their habits of life so far as

known: First, those who were recorded as abstainers from alcohol, 41; second, those whose habits were not precisely stated but some of whom, there is reason to believe, were abstainers, 29; third, those who were recorded as taking same alcohol, but of course in strict moderation at the time of entrance, 44. Taking all cases of malignant disease of the alimentary canal, meaning those of tongue, oesophagus, stomach, bowels and rectum, 71 per cent of the total number, it was found that they formed 34 per cent of the total cancer deaths of abstainers from alcohol, 48 per cent of the middle (partly abstaining) class, and 64 per cent of the moderate drinkers. Cancer of the bowels or omentum is recorded in no single case in an abstainer but in 11 instances of those who took alcohol. There were in the 114 deaths 14 from cancer of the intestines. None of these were among the deaths of abstainers, 3 were in the middle class and 11 were in the class of non-abstainers. Although a series of 114 cases is too small to furnish conclusive proof, the facts brought out by the study suggest strongly that alcohol may predispose to the development of malignant disease in those organs with which it would come into direct and immediate contact prior to absorption. The line of inquiry ought to be pursued.

MIXED TOXINS.

Surgeons are generally agreed that Coley's mixed toxins of erysipelas and bacillus prodigiosus are applicable only to inoperable sarcomas, for none have been able to obtain the same satisfactory results from their use as Coley himself. But at the meeting of the Southern Surgical and Genecological Association last December Coley presented a paper in which he not only reiterates his former claims, but assigns a larger sphere of usefulness to his toxins. From his own experience as well as that of other surgeons he concludes that it is wise to use the injections in all cases after primary operation for sarcoma as a prophylactic against recurrence. In those cases the dose should be much smaller, just sufficient to cause a very slight reaction, and the treatment should be continued for from two to three months. He believes it wise, also, in practically all cases of sarcoma of the extremities to give the patient the benefit of a trial with the mixed toxins before sacrificing the limb by amputation. In support of this claim he cites 12 cases of sarcoma of the extremities in which the treatment was thus tried, with the result that the tumor disappeared, and in 8 of the 12 cases the patients were alive and well from three to six years afterwards, two were well at the end of one year, the time of the last observation, two were recent cases. In all of them amputation had been seriously considered. In 34 of his own cases of various types of sarcoma in which the tumors disappeared under the injection with the mixed toxins, final results were as follows: 4 were well less than a year, 3 were well from one to two years, 3 were well from two to three years, 3 were well from three to five years, 23 were well from five to thirteen years. In five cases a recurrence took place and finally proved fatal. In one of these recurrent cases the patient had remained well for eight years, in one three and a quarter years, in one two and a half years, in one seven months, in one six months. A series of 56 cases in the hands of other surgeons does not show quite such satisfactory results.

AN OLD FEE TABLE.

The following fee table was presented at a recent meeting of the Southern California Historical Society at Los Angeles. Although the signers were evidently Americans, the document was written in Spanish. "At a meeting of the Medical Faculty of Los Angeles,

(Continued on page 61)

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY
J. P. THORNE, M. D.
JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:
$1.00 Per Year in Advance; Single Copies, 10 Cts
In the United States, Canada and Mexico.
Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 9 FEBRUARY, 1906 No. 2

THE TREATMENT OF SENILE CATARACT

For a number of years advertisements have been in numerous newspapers and magazines stating positively that cataracts can be cured by the "absorption" treatment. This treatment consists in the use of eye drops which it is claimed will surely absorb the cataract. The advertisements state that it is absolutely unnecessary to use the knife any more in treating cataracts. This would all be very delightful if it were true, for physicians as well as patients would welcome a specific which would absorb cataracts. The advertisements of the "absorption" treatment have now been constantly before the public so long that everyone has seen them and the method has been tried by individuals in every community. If the claims made contained any truth the method would be in such general use that no cataract operations would be performed, but oculists everywhere are doing as many cataract extractions as ever. The fact is the so-called "absorption" treatment is absolutely worthless and has never benefited a single case. The advertisers of absorption drops publish many testimonials which are bogus as we have proven by investigation. Some genuine testimonials have been published but they have been cases of mistaken diagnosis or the improvement claimed was not due to the treatment. As this treatment is carried on usually by mail, the diagnosis is generally made by the patient. Ulcers, keratitis, pannus, pterygium, leukoma and other pathologic conditions are all diagnosed cataract by the laity. We recall a case a few years ago, of an old gentleman who had a small corneal ulcer which was cured very quickly and easily. The patient persisted in calling it a cataract and still tells how he was cured of cataract by the medicine we gave him, although it was thoroughly explained to him that it was not a cataract. It not infrequently happens that a patient consults an oculist for a slight impairment of vision and is informed that he has an incipient cataract, nothing is done but the vision improves after a time because the opacity of the crystalline lens has not increased, while other conditions of the eye have improved. Such a case, if using "absorption" drops, would certainly think the medicine had made the improvement. We have the histories of a number of such cases of apparent improvement where no treatment of any kind had been used.

When cineraria maritima was announced as a cure for cataracts we tried it on a series of cases but never saw

the slightest effect from its use, and we have yet to be convinced that it has ever absorbed an opaque crystalline lens or removed any of the opacity.

We have yet to discover the remedy that will clear the opaque cataractous lens. However, there is a field which has been neglected by physician and oculist and that is the preventitive treatment of senile cataract. We can prevent many cataracts from progressing by proper treatment. We should give more attention to this subject and we can prevent many cases from requiring the operation which so many patients so dread. This treatment consists in attention to the general health and proper care of the eyes. All inflammatory conditions of the eyes should be treated and properly fitted lenses should always be worn. Dr. Oscar Wilkinson of Washington, D. C., recently read a paper on the preventive treatment of senile cataract before the District Medical Society, which is published in Merck's Archives. This paper is a most excellent presentation of the subject and should be read by every physician and every oculist. From our own experience we can verify all that Dr. Wilkinson says. We have a number of cases now which we have treated for sometime very much as suggested by Dr. Wilkinson. In addition to the measures advocated, we have observed some benefit from the use of a mild galvanic current in inhibiting the progress of the opacity. Very recently some encouraging reports have been given of the use of photo-therapy.

We quote from Dr. Wilkinson's paper the following:

"I do not wish it to be understood that I claim to be able to cure cataracts. Such absurd claims are most flagrant charlatanry. I think I am supported by the profession when I say that there is no known means of clearing up the clouded cataract lens. When a lens has once become opaque I think no process can ever clear it up. Stricher (l. c.) says, 'I do not believe we will ever succeed in causing a retrogression after the processes of cataract formation have once set in.' Bulson (J. A. M. A., Sept. 23, 1905) says, 'In those cases in which the cataract formation has become well established I do not believe it is possible to cause a retrogression.' De Schweinitz (l. c.) says, 'Drugs do not exist which can dissolve a growing cataract.' Pyle (Phil. Med. J., March 17, 1900) says, 'Drugs have proved absolutely valueless.' Risley (Tran. Sec. Ophth., A. M. A., 1900) says, 'I have never seen such opacities disappear.'

"Of cineraria maritima, Jennings (Am. Jour. Oph., Nov., 1898) has the following to say: 'In conclusion, I would state, that so far as I could learn, there is no evidence to show that cineraria maritima is of any value as a curative agent in cataract.'

"While it is considered by the best authorities that opaque lenses are not amenable to treatment, it is true that a number of cases of greatly improved vision have been reported by men of unquestioned integrity. The improvement seen in these cases of cataract can probably be accounted for by the clearing up of the vitreous, improvement in general health, and the arrest of the inflammation of the retina and choroid from the treatment. There have been found no authentic cases in which the lens itself has become clear, and where such claims have been made, it is usually considered that it is due to a mistaken diagnosis. These reported cases of improvement under treatment are very strong arguments in favor of a preventitive treatment of these cataractous cases.

"Statistics make dull reading, and reports of cases suggest egotism, hence I will not burden you with any of them tonight, but suffice it to say that, for the past five years, I have not had a case of incipient cataract in which the vision

has grown materially worse, when I have been able to keep the patient on the treatment. I now have a series of twenty-one incipient cataract cases which have been under my observation for five years; not one of these has shown any marked degree of loss of vision. Only one of them has any decrease in vision at all, and in this case the vision 18 months ago was 6-6 and now it is 6-9, notwithstanding the fact that this patient has been incapacitated by rheumatism for three months in the meantime, during which time he was not under my care.

"Before a scientific treatment of incipient cataract can be instituted it is necessary to consider its etiology. Since the days of Plinius there have been numerous causes ascribed to its production. Some of these contain a great element of truth; some contain very little truth, while others are too absurd to mention. Of those containing enough of truth to be worthy of mention are: constitutional disturbances, associated ocular diseases, and errors of refraction and accommodation. In many cases these are necessarily inseparable, and the treatment must cover both conditions.

"The constitutional theory is evidently one containing such truth. The general health of these individuals has so much to do with the production of cataract that I am in the habit of telling these patients that the question of their losing their sight from the cataract will depend largely upon two things: first, their general health, and, second, their zeal and persistence in following the treatment. I am so confident that this is true that I have the patient's family physician examine him most carefully for any intercurrent disease.

"These cases should be considered as sick persons and looked upon as having some obscure disease, and it is the oculist's duty aided by the general practitioner, to find that disease. I am inclined to think that cataract is, as a rule, not a disease in itself, but a symptom of either a constitutional or an associated ocular disease. I am sure that this will explain the occurrence of at least 90 per cent of all cases of cataract, and I am almost ready to agree with Becker 'Pathologie and Therapie' (page 22), when he says that 'strictly speaking,' there is no such thing as primary cataract, that such expressions are simply cloaks for ignorance.' I believe that it will be possible in 99 per cent of these cases to locate either a constitutional disturbance or an ocular disturbance, acting as casual agents, if our means of diagnosis were better and we would exert ourselves more in seeking for such factors. Stricher (l. c.) says, 'Constitutional disease manifests itself in its action on the lens in such a manner that it either first causes disease of other portions of the eye, thereby leading to a pathological changed vitreous, which in turn leads to a disease of the lens and cataract formation, or the lymph of the entire organism becomes changed, thus leading to cataract formation without any other disease of the eye having previously existed.'

"There are various theories in regard to the disturbance of certain organs in producing cataract. Deutschman found that nephritis was present in 33 per cent of his cases, and attempted to make a classification of cataract due to that cause. That cataracts are due to diabetes is well known to the profession. This is probably due to the general malnutrition which, it has been proved, interferes with the nutrition of the lens. The vesicular cells of diabetic cataract can only be accounted for by its abnormal nutritive supply.

"Michel thinks that atheroma of the carotids produce cataract. He claims that by the slowing up of the blood pressure of the carotids, a lowered nutrition is thus brought about in the

lens and cataract follows. Of these two theories, Professor Weil (Stricher) says, 'This pathological condition of the vessels (claiming that the atheromatous conditon of the carotids extends to the smaller vessels of the eye) of the uvea would then offer us the intermediate link in the chain between cloudiness of the lens on the one hand, and nephritis and atheroma of the carotids on the other.' Galezowski thinks that cataract is due to heredity, gout, and various diseases of the choroid. Risley (Universty Medical Magazine, March 19, 1898) thinks that most cases of cataract are due to diseases of the choroid which are in the majority of instances due to an error of refraction. Associated ocular diseases and errors of refraction, as etiological factors are well recognized and will be considered under treatment.

"General Treatment. The etiology of cataract suggests to us the line of treatment that should be constitutional and local. The constitutional treatment should consist in meeting any condition that is found to be interfering with the patient's general health. It should include the investigation of every organ in the system that might possibly be diseased. The lungs, the circulation, the kidneys, the liver, and the digestive organs should all come in for their share of attention. Gouty, rheumatic, or lithemic conditions are frequently present, and should have dietic and medicinal treatment. The urine should be examined for albumin and sugar; the amount of solids therein should be ascertained. The liver, that organ on which much burden is always placed, should be treated when diseased. The digestive apparatus is one of the most frequent sources of poison to the general system. When these organs are out of order they should be treated by the general practitioner and should be kept in good condition.

"There are three medical remedies which I am in the habit of prescribing for these patients after the general practitioner has corrected any special disease. I prescribe alteratives, tonics, and a free quantity of alkaline water. I think the free use of lithia water is especially indicated in these cases. The fact that the lens weighs less in cataractous cases might explain the need of water in these cases. It has been demonstrated that the cataractous lens contains less water than the normal lens does. The use of a large amount of water is especialy salutary. It flushes the kidneys, clears out the skin, and improves the health generally. As a rule, we all drink too little water and eat too much food. The alteratives that I am accustomed to use are potassium iodide, sodium iodide, pilocarpine, and hydrargyri iodidum rubrum, or red mercuric iodide. These should be given in small doses for a long period of time. I usually prescribe from five to ten grains of potassium iodide, 1-30 to 1-48 grn. of red mercuric iodide in comp. syr. sarsaparilla, taken three times a day after meals in a large quantity of water. This should be taken for three or four months, after which time it should be given every other month for a period of from six months to a year.

"The general tonics which are indicated are iron, quinine, strychnine, and gentian. The condition of each patient will determine which of these tonics, or which combination of them, is demanded. In some cases which I have reason to believe are very liable to progress, I am in the habit of prescribing pilocarpine in large enough doses to get a physiological effect to be taken at night. In cases with a marked lithemic condition present, Turkish baths three times a week, associated with proper constitutional treatment, are indicated. Besides the above medical treatment the use of hot stupes to the closed eyelids twice a day is of benefit in creating a better circulation of the

parts, and is always pleasant to the patient.

"I would be inclined to use dionin in a case where the lens is much swollen. I think that it might possibly have some effect in reducing the active inflammation within the eye and thus assist the general treatment.

"Any of the collyria for conjunctival irritation, when conjunctivitis is present, may be used, but these have no effect upon the prevention of cataract.

"Exercise in the open air I consider essential. Out-door exercise in the way of walking is essentially beneficial. These patients are prone to stay at home. Owing to their general feebleness and their beginning loss of vision, they lose confidence in their ability to take care of themselves, and thus stay at home until their systems become stagnated, as it were, and self-intoxication with its general evil results follows. This is especially true of women, whose duties seldom call them out of the house.

"Treatment of Associated Ocular Diseases. The gross lesions of the eye which produce cataract, such as plastic iritis, syphilitic lesions of the uveal tract, glaucoma, and gross choroidal lesions are too well known to discuss. It is the low grade inflammation of the choroid which caused the trouble. Risley (University Med. Mag., March, 1899) says, 'It is usually not the gross lesions which do the greatest damage, but the low grade of inflammation of the choroid and retina that is apt to be overlooked. They often start in early life and are not noticed until the whole health of the eye-ball is damaged.' These are the eyes that are reported by the parents as being naturally weak since the child had measles, scarlet fever, or some one of the various other diseases of childhood. There is no question but any disease of the choroid, the retina, or ciliary body, or any disease which may interfer with the nutrition of the lens may, in course of time, interfere with its transparency.

"Optical Treatment. This consists in the correction of the errors of refraction and accommodation. Formerly this branch of the treatment was very much neglected. I have had cases come to me after having seen one or more competent men whose vision without glasses was as low as 6-30 or 6-60, while with corrections their vision could be brought up to 6-12 or 6-9. The diminution of vision in such cases is usually attributed to the lenticular opacities, and the refractive condition is much neglected. The constant strain on the ciliary muscles to overcome these refractive defects aids materially the process of malnutrition, thus producing the cataract. Risley found that out of 81 cases 40 per cent had marked symptoms of asthenopia before the cataract process began. It is the experience of every oculist that the treatment of chronic inflammation of the uveal tract is never complete until the refractive error is corrected. It is the general opinion that the refractive trouble is the father of most all the low-grade inflammations in the interior of the eye. Adt, Risley, Shoen, Jackson, de Schweinitz, and others have written ject. The healthy eye loses to a certain concerning the importance of this subextent its accommodative power at the age of forty, and then near work becomes difficult. If added to this there is any astigmatism present, and this has been allowed to go uncorrected, the already weak accommodation has to overcome this astigmatism and the strain is naturally greater. This constant effort to overcome the ametropia causes an extra amount of blood to be kept in the parts until this hyperemia from excessive work finally sets up a low grade of inflammation, and the nutrition of the lens is thus affected. If this is permitted to continue, the lens begins to show some opacities, which

gradually increase untli the patient becomes aware that his sight is becoming obscure. At this time, after he has made futile efforts to get glasses from some so-called 'scientific operator,' that we see these patients first, i. e., after there has been a permanent deposit in the lens and the cataractous process is under headway.

"It is the experience of all who have made any study of the prevention of cataract that the early treatment of the cataractous process is more encouraging than it is when the process is well advanced. All the literature bearing on this subject shows that in incipient cases it is possible to prevent a high percentage from progressing, while in cases that are well advanced, to check the process is possible in only a small percentage.

"The early correction of the ametropia and the constant use of such correction, both for far and near, is important. I am convinced that no other remedy can do so much for low grade inflammations of the uveal tract as the wearing of proper lens. This I consider so necessary that I usually prescribe bifocals in order that they may have their glasses with them. It is best that these patients should use their eyes sparingly, and they should be forbidden to attempt any fine needle work or any work that is very difficult to see. The cataractous eye should be looked upon as a diseased eye, and a diseased organ needs rest.

"When ophthalmologists show as much zeal in studying the preventive treatment of cataract as they have shown in perfecting the operative technique for its removal, the need for the operation will materially decrease. I do not wish to depreciate the work done along this line; it has been not only commendable, but has been brilliant in its results, and has made the operation for cataract one of the most successful operations known to surgery. Yet, while this is true, I am positive that the preventive phase of cataract treatment has not come in for its share of attention from competent men."

❧ ❧ ❧

We were disappointed in getting the illustrations made for this issue of our magazine but we shall make up for it during the next few months, when we shall have some unusually good original illustrations. The March number will contain some good reproductions of photographs.

❧ ❧ ❧

The World To-Day is one of the best magazines issued and it is a marvel how such a beautifully illustrated and finely printed magazine can be sold for one dollar per year. We should like to see every reader of The Recorder improve our club offer and receive this great magazine.

❧ ❧ ❧

RUNDSCHAU

(Continued from page 55)

January 14, 1850, the following list of prices was adopted:

Art. 1. For an office prescription $5.00
Art. 2. For a day visit within the city 5.00
Art. 3. For a night visit within the city 10.00
Art. 4. For a visit in the country, for each league..... 5.00
Art. 5. For bleeding..... 5.00
Art. 6. For cupping.....10.00

We subscribe our names to the foregoing: (Signers)

Chas. R. Cullen,
A. I. Blackburn,
J. W. Dodge,
Wm. B. Osbourn.

How does that strike the men, who in these degenerate days charge 50 cents for office consultations and medicine and go into the country for 25 cents a mile, using their own horse and carriage?

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

MOVABLE KIDNEY. A Cause of Insanity, Neurasthenia, Insomnia, Mental Failure and Other Disorders of the Nervous System. A Cause Also of Dilatation of the Stomach. By C. W. Suckling, M. D., M. R. C. P., Consulting Physician to the Queen's, to the Children's, and to the Orthopedic and Spinal Hospitals; Formerly Professor of Medicine in the Birmingham School of Medicine, etc. Pages, xvi-137. Illustrated. Cloth. H. K. Lewis, 136 Gower Street, London, England.

This book, by Dr. C. W. Suckling, an eminent neurologist of Birmingham, England, could be read with profit by every member of the profession. Dr. Suckling in his large experience as a neurologist noticed so many cases of nervous disease in which movable kidney was present that he gave special attention to investigating the subject. This book gives the results of his experience and investigation and he gives his opinions in no uncertain terms. Regarding the frequency and importance of movable kidney he says:

"I have found it present in about 40 per cent of women, and in 6 or 7 per cent of men, suffering from nervous disorders, the subject, therefore, is of the greatest importance to gynecologists and to neurologists, it is also of importance to the general medical practitioner for it is a common cause of severe attacks of abdominal pain, and of neurasthenia and chronic ill health; it is also of importance to the operating surgeon, for it often simulates and causes appendicitis, attacks of gall stone colic, etc."

"Movable kidney is so common and is so serious in the long run that every student should be thoroughly taught the art of palpation of the abdomen. It is surely more important that he should be able to use his hands than be able to stain certain bacteria. It is a very singular thing that the student is not taught the common ailments of life. How much does he know of neurasthenia, migraine, movable kidney, or dyspepsia when he leaves his medical school?"

The first chapter of the book gives a resume of literature published on movable kidney with Dr. Suckling's comments thereon. A chapter is devoted to the anatomy of the normal kidney and is illustrated with two colored plates. The symptoms and treatment of movable kidney are presented fully and thoroughly. In speaking of the treatment by a supporting belt he urges that the physician should not leave the fitting of such belts to the instrument maker but the physician should himself see that it fits properly and the patient should be examined periodically to see if the kidney is being kept up. The treatment by operation is given in detail. Dr. Suckling presents the histories of thirty-four of his cases which were treated by operation.

The relation which movable kidney has to insanity is discussed at some length. Dr. Suckling found recently in examining the inmates of an insane asylum that out of fifty insane women, twenty-nine had one or both kidneys badly prolapsed. He says: "From a large and varied experience of dropped kidney cases, and realizing the astonishing effects upon the mental condition, I say that no man or woman should be sent to an asylum today without a careful and repeated examination for 'Dropped Kidney.'

"Moreover, many patients now in asylums, if operated on, would, and shall if I have an opportunity of ordering it, become sane and useful members of society once more."

Dr. Suckling contradicts most vigorously Dr. Osler's statement regarding movable kidney that "In a large majority of cases there are no symptoms." Dr. Suckling describes the symptoms and shows how a positive diagnosis can be made. He also criticises Dr. Osler's statements regarding treatment.

There is not a dull page in the book and it is one which every medical man who reads it will feel that it has added to his knowledge. The book is clearly printed, nicely bound in cloth and illustrated with plates and charts.

THE BLUES (SPLANCHNIC NEURASTHENIA), CAUSES AND CURE. By Albert Abrams, A. M., M. D., (Heidelberg), F. R. M. S., Consulting Physician, Denver National Hospital for Consumptives, The Mount Zion and the French Hospitals, San Francisco; President of the Emanuel Sisterhood Polyclinic; Formerly Professor of Pathology and Director of the Medical Clinic, Cooper Medical College, San Francisco. Second Edition Enlarged. Illustrated. Cloth, Pages 254. Price, $1.50. E. B. Treat & Co., 241-243 West 23rd St., New York City.

Less than two years ago, when the first edition of this book appeared, it was something decidedly new in medical literature. That the first edition has been entirely exhausted and a new edition called for shows the interest of the profession in the work. Although the theory was a new one it was promptly considered and accepted by leading practitioners. This book, like everything else from Dr. Abram's pen, is written in a fascinating style, peculiarly his own. The following extract from the preface gives an idea of the purpose of the book in the author's own words:

"This special form of nerve weakness is characterized by paroxysms of depression of varying duration, and is popularly known as 'the blues.' Its recognition is of more than theoretic interest. A mere theory may be of interest to our profession, but the layman asks science for results. Its recognition, and the factor involved in its causation, imply our ability to cope with the evil and to offer to the sufferers not only amelioration, but a core. From many years' experience with neurasthenia I know of no variety of neurasthenia which is more amenable to treatment than the splanchnic form. A perusal of the subject matter of this volume will show that I have referred its origin, in brief, to a congestion of the intra-abdominal veins. Among the many resources of nature to combat this tendency, the vigor of the abdominal muscles is paramount. The tonicity of the muscles in question is impaired by mal-hygienic clothing, occupation, disease, lack of exercise, and a host of other conditions. The decadence of the abdominal muscles is a modern heritage; and so are hemorrhoids, constipation, and a multitude of other evils that may be traced to enfeebled abdominal muscles. There are a large number of impaired conditions which really owe their genesis to a congestion of the intra-abdominal veins; such affections are essentially forms of splanchnic neurasthenia, and often produce only local symptoms, confined to the abdominal sympathetic, and may never extend to implicate the central nervous system. These are especially amenable to the treatment suggested in this book, all of which is based on purely physiological reasoning."

The treatment advised is mainly by physical means for relieving congestion of the abdominal muscles: Massage of the abdominal wall, exercise which strengthens the abdominal muscles, respiratory exercises, electricity (especially the sinusoidal current) to the abdomen, abdominal supporters, cold water.

CURRENTS OF HIGH POTENTIAL OF HIGH AND OTHER FREQUENCIES. By Wm. Benham Snow, M. D., Author of Static Electricity and Uses of the X-Ray. Professor of Electro-Therapy and the Uses of High Potential Currents in the New York School of Physical Therapeutics; Late Instructor in Electro-Therapeutics and Nervous Diseases in the New York Post-Graduate School, etc. Pages, 196. Illustrated, Cloth. Price, $2.50. Scientific Authors' Publishing Co., New York City.

At present the medical profession is especially interested in the study of the application of currents of high potential associated with variations in current strength and frequency as applied in therapeutics. This work will be welcomed by many physicians desiring a working guide on the subject,

We quote the following from the introduction of the book:

"The study of currents of high potential has opened a field of far-reaching scope and possibilities in therapeutics, unrecognized by most physicians, even those who stand high in the councils of the profession.

"A new science has developed beyond the appreciation of many great men who have been investigating in fields of diagnosis, pathological investigation, and other departments of professional research.

"The study of the employment of electrical currents of high potential and small quantity, which are fraught with far less danger and uncertainty than drugs, is an enchanting one as employed in therapeutics, associated as they are with results which in many instances overshadow all precedents. With such currents the laws of action and control are clear, positive, and unvarying, and their administration is without danger or uncertainty, in the hands of those who are familiar with them."

This book gives the results of the author's large experience in his private and clinic practice. Methods and apparatus are described which are the result of the author's original work. The application of high potential electricity to the different diseases of the human body is clearly presented. The field for this therapeutic agent is very large when understood. The volume is illustrated with eight full page half-tone plates and forty cuts.

LECTURES ON AUTO-INTOXICATION IN DISEASE, or Self-Poisoning of the Individual. By Ch. Bouchard, Professor of Pathology and Therapeutics; Member of Academy of Medicine and Physician to the Hospitals, Paris. Translated, with a Preface and New Chapters added, by Thomas Oliver, M. A., M. D., F. R. C. P., Professor of Physiology, University of Durham; Physician to the Royal Infirmary, New Castle-Upon-Tyne; Formerly Examiner in Medicine, Royal College of Physicians, London. Second Revised Edition. Crown Octavo, 342 Pages, Extra Cloth. Price, $2.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

A knowledge of auto-intoxication is very necessary to the physician of today. This work by Prof. Bouchard is a classic which supplies the desired knowledge. Prof. Bouchard has devoted his life to the study of this subject and his results are embodied in this work. There is no new matter in this edition by the author which was not in the first edition but the translator, Dr. Thos. Oliver, has revised the book and added considerable new material. The physician who carefully reads this book through will find his knowledge of physiology and pathology increased and many things in practice made clearer. Each important organ of the body is studied and its action considered in re-

lation to the production and elimination of poisons. The treatment of auto-given at considerable length.

We quote the following by Dr. Oliver:

"Bouchard clearly indicates that man is constantly standing as it were, on the brink of a precipice; he is continually on the threshhold of disease. Every moment of his life he runs the risk of being overpowered by poisons generated within his system. Self-poisoning is only prevented by the activity of such excretory organs as the kidneys, and by the watchfulness of the liver, which acts the part of a sentinel to the materials brought to it by the portal vein from the alimentary canal. Disease is not something altogether apart from the individual. The patient and his disease are too often found living under identical conditions."

Trip to the "Land of the Midnight Sun," Summer of 1905. By Dr. Flavel B. Tiffany. Pages, 87. Illustrated. Hudson Press, Kansas City, Mo.

This little book is an account of a trip taken last summer by Dr. Tiffany and his wife through Norway and Sweden. It is written in an easy style and is as interesting as a story. A glimpse is given of these countries and their people, and many interesting incidents related. The visit to Denmark, Germany, The Netherlands, and the Isle of Man, is also briefly spoken of. The book is profusely illustrated from photographs taken by the author.

The New Field. By W. H. Burgess, M. D. Pages, 287. Price, Leather, $1.50; Princess Cover, $1.00. Published by the Author, Avondale, Chattanooga, Tenn.

This book gives the author's views on the practice of medicine, which are very original. He tells of more ways to use Epsom salts than most practitioners would think possible. Dr. Burgess says in introducing the subject: "This little book tells how to use Epsom salt in new ways to cure many diseases considered incurable. Also how to relieve pain in a congenial way, and how to be sure of what to do."

The book is divided into three parts. Part I is devoted to "Natural Diagnosis," Part II. treats of "Congenial Medication and Therapeutics," Part III. treats of diseases of women and children and various difficult conditions. The book contains a great many practical suggestions and has been highly commended by many practitioners who have read the previous edition.

BOOK NOTES

The January issue of the World To-Day was sold out a few days after it was issued so that many new subscribers were unable to get that number.

The February number of the Medico Legal Bulletin, published at Fort Wayne, Ind., should be read by every practicing physician. A copy may be obtained free of the publishers.

"Practical Disinfection" is the title of a pamphlet of 22 pages by Jas. A. Egan, M. D., secretary of the Illinois State Board of Health. It presents the latest and best methods of disinfection.

"The Treason of the Senate" is a series of articles by David Graham Phillips, beginning in the March Cosmopolitan. These articles will be far-reaching in calling the attention of the people to the methods of the United States Senate.

The January number of the Interstate Medical Journal is the annual medical progress number giving a review of the medical literature of 1905.

The number contains 216 pages of reading matter, which represents an immense amount of labor by the editors in preparing it.

In McClure's Magazine for February Ray Stannard Baker writes about "Private Cars and the Fruit Industry," presenting facts and figures which will probably be new and startling to most readers. Lincoln Steffens under the title of "The Gentleman From Essex" tells about an honest state senator, Everett Colby of New Jersey. These two articles alone are worth much more than the price of the magazine for a year. Carl Schurz continues his "Reminiscenses of a Long Life," and Anthony Fiala, the Arctice explorer, contributes "Two Years in the Arctic," illustrated by many photographs by the author. The number contains a great variety of the best fiction and numerous illustrations.

The February American Magazine is an automobile number. The leading article, "The Heart of the Automobile," by Leroy Scott, is a most entertaining account of what has happened in the automobile world since English law obliged a man with a red flag to walk before every motor allowed loose in a public place. It also contains a complete illustrated description of every 1906 pleasure car—all facts and figures. Among the other articles is Henry Kitchell Webster's "The Square Deal with Children," an account of the work of Judge Mack and the Chicago Juvenile Court. The second of W. S. Harward's articles on "The Mastery of the Earth," appears in this number, and C. H. Caffin continues his series with a paper on contemporaneous American painting. The short stories of the month are fully up to the American's standard. Miss Cholmondeley's serial "Prisoners" is a hit. For $2.30 we send The American Magazine, The World To-day and The Recorder, all one year, and 1000 premium labels.

The Cosmopolitan has become a very live magazine, presenting discussions of problems of the day as well as a great variety of entertaining literature. A few of the articles in the February number are: "The Money Power and Our Next Great President," by Ernest Crosby; "Socialistic Government of London," by Charles Edward Russell; "The Way of an Indian," by Frederick Remington; "Are Great Fortunes Great Dangers?" by Charles W. Eliot, John Wanamaker, Edward Atkinson, E. Benjamin Andrews, Ernest Crosby, Henry Clews, David Starr Jordan, Washington Gladden, Jack London, Oliver Wendell Holmes, with Comments by Frederick Upham Adams; "Delusions of Democracy," by Constantine Pobedonostseff; "The Czar's Man Answered," by Charles Ferguson; "Temptations of a Young Clergyman," by Robert Mackenzie, D. D.; "A Fulminating Philosopher," Hudson Maxim, by William R. Stewart. Many of these articles are profusely illustrated.

"Frenzied Finance," Mr. Lawson's remarkable history of financial crimes, closes with a bang in the February Everybody's. By no means its least interesting paragraphs are those relating to Mr. Lawson's long anticipated Remedy, which he will begin to set forth in the next issue of the magazine. Do you believe in government ownership of railroads? There many be reasons for and against this system: in Germany, according to Charles Edward Russell's brilliant narrative, "Soldiers of the Common Good," it is an unqualified success. The most interesting monarch in the world today is Alfonso XIII. of Spain, that picturesque boy king who is about to be married to a Princess of Battenberg. Vance Thompson tells his life-story, explains his character, sets forth his pastimes, his habits, describes the qualities that make his people love him, in a remarkable illustrated article, "His Majesty the King of Spain." In

our democratic country there is perhaps no profession at the same time so useful and so absorbing as that of a reporter. Hartley Davis, in his second article, "Reporters of Today," relates adventures of newspaper men all over the United Staets. These are some of the leading features in the number, which also contains a great variety of fiction and many illustrations.

Some of the good things in The World To-Day for February are: "William Rainey Harper: An Appreciation" (with portait), by E. Benjamin Andrews; "The Trolley Car as a Social Factor" (illustrated), by Carl Edwin Harriman; "Workingmen's Insurance," by Charles R. Henderson; "The Theatre Francals" (illustrated), by H. C. Chatfield-Taylor; "The Government as a Homemaker" (illustrated), by C. H. Quinn; "The Riddle of Life," by H. Charlton Bastian; "The New England Art Club" (illustrated), by E. Douglas Shields; "The Feast of the Lilies at Nola" (illustrated), by Wm. G. Fitz-Gerald; "Last Scenes in the Russo-Japanese Drama" (illustrated; "George W. Boschtke," by C. M. Hyskell; "Franklin W. Hooper," by Henry MacMahon; "Henry Smith Pritchett," by Frederick W. Coburn; "The Kansas Land Fraud Investigation" (with portaits), by Sheffield Cowdrick; "Our Parental Schools" (illustrated), by Mary Richards Gray; "A New Turbine Torpedo" (illustrated), by Walter L. Beasley; "A Model Bakery in London," by E. S. Douglas; "A Notable Chinese Imperial Decree," by H. W. Provence; "The Future of Christianity in Japan," by John L. Dearing. Every reader of The Recorder should improve our special club offer and obtain The World To-Day while there is a chance as this offer is open only for a limited time. For $2.20 we send The World To-Day, The Cosmopolitan, The Recorder, all one year, and 1,000 premium labels.

CLINICAL REPORTS

The Clinical Society of the New York Polyclinic Medical School and Hospital

URETHRAL FISTULA AND PROLAPSED KIDNEYS.

Dr. Charles H. Chetwood at a regular meeting of the society January 10, 1906, showed a patient on whom he had operated two years ago for urethritis, and who at the present time had an incomplete fistula. When first examined his symptoms seemed to point toward the urethra and prostate, the latter being about the size of a small orange and very hard. The history indicated a gonorrhoeal infection, and, apparently, a syphilitic abscess of the prostate. The patient urinates every half hour, day and night, and the bladder contains about 12 ounces of residual urine. The appearance of the urine is indicative of kidney pus. Both kidneys are prolapsed and the right one is very palpable, enlarged and tender. The interesting feature of the case is the prolapse of both kidneys without any apparent explanation. There is no tuberculous history and none suggestive of kidney disease. The speaker's intention was to drain the prostatic abscess through a perineal incision, examine the bladder through the opening, and possibly catheterize one of the uterers.

SYRINGOMYELIA OR LEPROSY?

Dr. J. A. Bodine presented this patient. She was 21 years of age and her family history was negative. About six years ago she first noticed that she was unable to distinguish the impact of the soles of her feet against the sidewalk and began to have aching pains in her feet and legs. Later, pus formed beneath callous spots on the feet and discharged, leaving sinuses leading down

to the metatarsal bones. Rest in bed healed the sinuses, but on resumption of her occupation they reopened. Three years ago her feet began to pain and in both groins. Pain was also present in her spine from the neck to the coccyx. She was operated on for the contractures of the feet in 1902. Her general health is now fair. The soles of her feet are covered with multiple perforating ulcers. The discharge is thick, brownish in color, and has a peculiar, sickening, penetrating odor. There is an abscess under the skin in one thigh and another over the sacrum. There are marked motor and sensory disturbances of the feet and legs. The case was presented for diagnosis, which the speaker thought lay between syringomyelia and leprosy.

Dr. W. B. Pritchard said that he considered this patient an example of syringomyelia presenting the exception in a distribution of symptoms in the lower rather than the upper extremities, though both were involved. The trophic disturbances in the feet, with bladder symptoms, scoliosis, and, finally, dissociation sensory phenomena, indicated with fair clearness the diagnosis. It was not a leprous neuritis, as the nerves showed no bulbous enlargements and the skin was quite free from the characteristic plaques. Tabes had been suggested, but there was little in the symptom picture to sustain such a suggestion. Absence of the Argyl-Robertson pupil, the persistence of one knee jerk, with absence of true ataxic gait and characteristic pains were collectively conclusive in negation.

The paper of the evening was read by Dr. Andrew Robinson, and was entitled:

THE TREATMENT OF SYPHILIS.

He referred to the different views held on the subject of the treatment of syphilis, and stated that he would endeavor to show that syphilis is a serious disease in a considerable percentage of cases, and especially on account of the tendency after immunity is reached to fatal parasyphilitic affections; that the tendency to these parasyphilides depends as a special predisposing factor upon the dyscrasic condition accruing in the active contagion stage; that the intoxication producing the dyscrasia and leading to immunity often is most severe in the period between the recognition of the primary sore and the appearance of lesions upon the cutaneous surface, and, therefore, that syphilis should be treated actively as soon as a positive diagnosis of the disease is made.

The object of such treatment is to inhibit the life action of the organism, so that only a small amount, comparatively, of toxin is produced, giving immunity with only a mild dyscrasia, and producing a minimum amount of injury to the tissues and consequently a comparatively slight tendency to parasyphilides or even tertiary lesions. He maintained, also, that in the acute infectious stage it is a rule that the less toxin produced in a given case, the earlier the system acquires the condition of immunity; and in syphilis this is important not only for the individual affected, but also from a social standpoint, as the sooner immunity is obtained the less danger of contagion to others.

An example of early immunity is that acquired by a mother in a case of parental syphilis, when she is not invaded by the syphilitic organisms, but acquires immunity by toxins from the foetus. Under these circumstances the amount of toxins passing to the mother must be small in quantity and therefore the immune condition is acquired in a comparatively short period as compared with the time necessary in acquired syphilis.

Syphilis is a serious disease, not only on account of the liability to fatal parasyphilite affections, as locomotor

ataxia, but also on account of its destructive action on the progeny of syphilitic parents when produced during the active stage of the disease, hence the shorter this period exists the fewer syphilitic children are produced.

If the tertiary and parasyphilides depend very greatly or principally upon the severity of the dyscrasia, and this condition upon the amount of intoxication, that is, the amount of toxins produced, and this upon the number and activity of the syphilitic organisms in the system, it follows that in this special parasitis affection the treatment of syphilis must be based upon the microbes, the toxins produced, and the ground of the individual affection. Proper consideration of these three points constitutes the fundamental basis for the best treatment of the disease.

The period between the appearance of the primary sore and the so-called secondary stage, represented by cutaneous lesions, the general nutrition of the person is lowered, fever is present in varying degree, the red-blood corpuscles are diminished in number, the lymph glands throughout the body may be affected, the spleen swollen and tender, liver enlarged and the nervous system injured, as shown by the presence of neuralgia, headache, lassitude, pains in the joints, bones, and periosteum, and occasionally by an extensive multiform erythematous eruption. This shows that before secondary lesions occur upon the skin there may be intoxication of the general system, which leaves its impress on the tissues and acts as the main disposing factor in the causation of parasyphilides. If this be true, it follows that treatment should be commenced in every case as soon as a positive diagnosis is made, and if this is done at a stage before cutaneous lesions appear, so much the better for the patient.

Existing lesions in the secondary stage are treated to lessen danger of contagion, remove deformity and save tissue, but surely it is better, more philosophical, to prevent the formation of lesions, especially as they are hotbeds for toxin formations, than to wait until they are formed and damage has occurred. The treatment of syphilis should be offensive, not defensive. Keep the disease in as quiescent a state as possible by inhibiting the life action of the organism; prevent contagion from lesion formation; promote the elimination of the toxins as quickly and completely as possible, and pay attention to the general nutrition of the patient. This constitutes the correct treatment of syphilis according to our present knowledge.

Mercury is the only agent that acts upon the microbe, hence it should be given during the entire microbic stage in such manner as to secure the best action. Iodide of patossium should be given only as an aid to the mercury or as an alterative in later stages and at all times when tertiary lesions are present. It is rarely indicated during the first six months of the disease, and never during the microbic stage, as the only agent.

Against the parasyphilides one should produce a proper degree of alkalinity of the system, advise avoidance of everything that causes circulatory disturbances and of things that interfere with tissue metabolism, especially alcohol, local irritating agents, etc.

Dr. E. L. Keyes, Jr., opened the discussion of this paper. He said that while he agreed with all the conclusions reached therein, he disagreed wholly with all the premises. Briefly, in his opinion, the way to treat syphilis is as a disease and not as an array of symptoms. The most practical method is to settle in one's mind the amount of medicine considered necessary in all cases to overcome the disease. One grain of iodide of mercury every day for three years will conquer it, and even though

the skin lesions have disappeared, together with the mucous patches in the throat and all other outward manifestations, the physician should still try to live up to his ideal of the amount of mercury or iodide that should be taken by the patient, whether he stands it well or not. He disagreed absolutely with the speaker regarding the method of treatment at the beginning of syphilis. It is extremely dangerous to proclaim that syphilis should be treated before the appearance of a cutaneous lesion, because, in a very fair proportion of cases, one is unable to make a positive diagnosis until the appearance of the secondary lesions. Theoretically, if it is proved that the existence of the spirocheta pallida is conclusive of syphilis, treatment may begin as soon as it is recognized, but until this is possible, it is wiser to wait for secondary evidence. He recalled two instances in which patients who had presented themselves for treatment within twelve hours of the supposed inoculation had developed a chancre six weeks later.

Dr. Charles H. Chetwood said that there seems to be a general tendency at the present time to question whether syphilis should be treated in the primary or in the secondary stage. The reader of the paper had emphasized the point that the question is not when to treat it, but that it should be treated when the diagnosis has been made. For his part, he had always treated it when the secondary eruptions appeared, and had considered it a safe procedure. He would not advise commencing treatment earlier unless the presence of the disease could be positively substantiated by the spirocheta pallida or some other germ.

He treats all cases according to the general exigencies of each individual condition, and the results have been most satisfactory.

Dr. J. H. Abraham said that next to the dermatologist and the genito-urinary surgeon, the nose and throat specialist sees as many cases of syphilis as any of the specialists. They rarely see any primary syphilis, but many secondary and tertiary cases come to their notice. Personally, he had seen five cases. One patient had the initial lesion on the lip and the other four on the tonsils, and in one case the upper respiratory glands showed marked symptoms of intoxication. Another marked feature is the enlargement of the leutic glands. He agreed with the principles laid down by the reader of the paper for the treatment of primary syphilis. Secondary syphilis of the larynx should be treated entirely by personal rule. He relies upon one drug, carbolic acid. An application of 10 per cent chromic acid to the larynx gives rise to practically no pain and accomplishes the desired result. If the patient is given a sufficient amount of mercury for a long enough period of time, he is less liable to require the iodides or to suffer from a marked tertiary form later. He has never found it necessary to give more than 75 or 80 grains of the iodid at one dose, and always begins with 5 grains and increases one grain daily or every other day. The absorption occurs as desired and the digestive tract is not disturbed.

Dr. Robinson closed the discussion by saying that he still thought the treatment should be begun, if possible, during the first stage of the disease. If the patient presents what he considers the initial lesion, he recommends a six weeks' course of treatment with mercury, and if, at the end of that time, there remains any question as to the diagnosis, it is very easy to bring out a small lesion as convincing proof.

Of all the dispositions and habits which lead to political prosperity, religion and morality are indispensible supports.—Washington.

THE DOCTORS' WORLD

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Honorable Old Age.—Dr. Wm. Osler, with all his great learning and experience, sometimes makes statements which many a modest but unknown practitioner knows from long years of constant association with disease to be unfounded. Dr. Osler made a mistake of his life when he made the now widely known statement that the older men should be chloroformed. Although he did not make the assertion in earnest, many an old man has brooded over this and committed suicide. It is claimed that in Cleveland, Ohio, fifty suicides last year were a result of Dr. Osler's statement. Health Officer Friedrick of Cleveland, commenting on this, said:

"Many of these, on reading the opinion of Dr. Osler concerning the age when men pass their period of usefulness and his theory regarding their being put out of the way when the period of usefulness was over, became despondent.

"The theory was a nonsensical one, and Dr. Osler himself was not serious when he expressed the opinion. The time when a person becomes old differs and depends entierly upon the individual. Some men are old at forty. Others stay young and are useful members of society for a period nearly twice as great."

No man of Dr. Osler's prominence should make such unwarranted statements even in jest. Many more old men have read the opinion, and have had their last days saddened by thinking about it. May we all honor the old man who has fought life's battles and help him enjoy the twilight of his life.

Alexander Smith has given us a truthful view of old age in these words: "There is a certain even-handed justice in Time; for what he takes away he gives us something in return. He robs us of elasticity of limb and spirit, and in its place he brings tranquility and repose, the mild, autumnal weather of the soul."

* * *

Wealth of the Nation.—Cleveland Moffet, in an article in Success, makes some startling statements regarding the increasing concentration of wealth in the hands of a few and hints at future trouble to the masses as a result. We quote from the article:

"So that five thousand men in this country actually own (without counting what they control), nearly one-sixth of our entire national wealth, money, land, mines, buildings, industries, everything, which sixth if put into gold would give them all the gold in the world, and leave more than nine thousand million dollars still owing them! All this for five thousand men, absolutely theirs, whether they work or not, whether they deserve it or not, whether they use it well or not, all this is a land where, according to Waldron's "Handbook of Currency and Wealth," (p. 98), 'more than four million families, or nearly one-third of the nation, must get along on incomes of less than $400; more than one-half the families get less than $600; two-thirds of the families get less than $900, while only one in twenty of the nation's families is able to secure an income of over $3,000 a year.'

"It is interesting to consider how much richer the rich will get, and I may remark here that there is no need

to inquire how much poorer the poor will get. If they are to live at all, they can not get much poorer. What great burden of poverty can we put on the four million American families who today with their best toil can gather less than four hundred dollars a year? What more can we take from them than we have already taken? The Massachusetts Bureau of Labor has collectde statistics showing how these poor families spend their pitiful incomes. It appears that $3.88 each week goes for food. Shall we cut that down? Or shall we cut down the $2.91 a month they spend for clothing? Or the $7.50 a year they spend for furniture and household furnishings? Or the $7 a month they pay for foul, dark rooms in a tainted tenement? Think what it means to support a family in a city on four hundred dollars a year, to bring up children, to provide for sickness, to furnish pleasures on four hundred dollars a year!

"And these are not the poorest of the poor, these are self-respecting laborers, producers of the national wealth; there are millions of others whose lot is worse than theirs—ten million, Robert Hunter estimates, in helpless poverty, out of work, out of health, out of heart with the world, broken driftwood, vagrants, tramps—what shall we take from them?"

Finsen Light Institute. — Very few of the profession are aware that Prof. Niels Finsen who discovered the light cure for skin diseases died as long ago as September, 1904. He was only 43 years of age, but in his comparatively short life, which was practically given to others, he accomplished what few have done and that is, discovered a new cure for disease.

His fame is firmly established and he lived long enough to have his discovery proved and accepted, and at his death he received the homage of royalty and the medical profession throughout the world. For his great discovery in medicine he received the Nobel prize of $50,000 in 1903, from the Norwegian Parliament. The Finsen light treatment of skin diseases long since passed the experimental stage and its value as a therapeutic agent is well established, and the good work will go on at the Finsen Light Institute in Copenhagen, being endowed by the Danish government.

So far as we know the only institute in the United States having the genuine high power Finsen lamps, and conducted in the same way as the one in Copenhagen, is located in Chicago. It was established several years ago in the down town business district, but they now have their own finely equipped building adjacent to Garfield Park on the west side. The clinical reports of this institute are said to show equally as great percentage of cures as the parent Copenhagen institute, and justify the expectation and faith of the profession in this treatment.

This corporation, we understand, was recently reorganized and the personnel of the management changed, the active management being placed in the hands of several well known business men and capitalists. It has been made a co-operative affair with the profession; in other words, a doctor's institute, and the only professional connection now is as medical advisers and consultants.

It is unnecessary to say that in such circumstances it is conducted along strictly professional and ethical lines, and of course members of the profession are always welcome at the institute where they may see the high power lamps in operation, note the method of treatment and results obtained.

Don't forget to enclose the copy for your premium labels. We frequently receive order to make premium labels like "enclosed sample," but no sample is enclosed.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

COUGHS

By Francis W. Campbell, M. A., M. D., D. C. L., L. R. C. P., London.

Dean and Professor of Medicine, Faculty of Medicine, University of Bishop's College.

It is not always an easy matter to decide upon the cause of a cough, and, therefore, sometimes a difficult matter to relieve or cure it. Many patients go about their work, appear in excellent health, and yet suffer more or less from a persistent irritating cough. Examination of the chest in these cases does not show anything abnormal in the respiratory murmur. Examination of the throat often reveals an elongated uvula which is frequently cured by a simple astringent gargle, and the cough disappears. Again, examination reveals congestion of the vocal cords, and a soothing inhalation of a teaspoonful of compound tincture of benzoin in a teacup of hot water frequently causes the cough to be relieved in a short time. But the general practitioner, especially during the winter or spring, meets with a great many cases of cough, the cause of which he cannot fathom. He calls it an irritating cough, but the cause of the irritation is a mystery. Experience will soon show that it is irritating to both the patient and physician. To the latter because he finds that it continues in spite of his best efforts, and at last the patient drifts from one physician to another without getting relief. Eventually he takes his case in his own hands, and buys from druggists some of the numerous cough remedies they have for sale. Still no relief, and he finds his stomach thoroughly out of order because opium has been a constituent of the quack mixtures he has taken. Nature, the vis medicatrix naturae, possibly comes to his aid, the cough disappears, but no thanks to his doctor or his own prescribing. This is a brief sketch of what I know occurs to hundreds of physicians, as it certainly has to me. Among the late remedies for this class of cases is heroin, and it certainly has proved a valuable addition to our materia medica. There are many combinations in use of which heroin is the chief constituent. Some, in my opinion, are not to be recommended for general use. What is needed is a safe and efficient preparation whose action is positive and definite. Such a combination we have in glyco-heroin (Smith), made by Martin H. Smith Co., of New York, to which my attention was drawn about a year ago. Each drachm of this mixture contains heroin, gr. 1-16; ammonia hypophos., hyoscyamus, white pine bark, balsam tolu, glycerine, ad ℥i. The astringent properties of white pine bark are of peculiar service in inflammations of the respiratory tract. It also is of use in arresting the night sweats of phthisis. Balsam of tolu is an aromatic stimulant, useful in chronic bronchitis or in the advanced stage of the acute disease. Altogether this mixture has, in my hands, proved to be of the greatest value, and at least a dozen of my medical friends to whom I have recommended it are loud in its praise. I give below the report of a few out of many cases in which I have used it. I may state that the first case is that of the writer.

Case I.—F. W. C., aged 62 years, general health good. On the 23d of January, 1901, about 10 p. m., visited

one of the worst fires Montreal has had for years; was exposed to great heat for about fifteen minutes, when he left to return home. Had to stand some minutes waiting for an electric car, and found that the body, which had been perspiring freely, began to feel chilly. On reaching home lighted a cigar, but before smoking half of it, was seized with a very severe rigor. Went to bed, and the rigor lasted at least twenty minutes, when it left; no perspiration followed. Passed a restless night, and, in the morning, feeling quite ill, sent for a medical friend, who found my temperature 102°, pulse 100, respiration 28, and evidence of commencing pneumonia in the anterior part of the right lung. It is needless to follow the case minutely. Briefly, the whole anterior portion of the right lung became involved, and the inflammation extended to the hepatic peritoneum. It was a serious condition for a man of 62 years, and for several days the outlook was ominous. But a good constitution, good treatment, and splendid nursing brought about a favorable termination. There, however, remained an irritative spasmodic cought without expectoration, which was most annoying, as it disturbed sleep, and, therefore, retarded convalescence. To relieve this condition a mixture containing a couple of drops of dilute hydrocyanic acid with half a teaspoonful of paregoric was prescribed with but little relief. I then prescribed for myself, changing the mixture several times, getting some relief from day attacks, but at night the cough was bad as ever. Seeing in one of my medical journals an advertisement of glyco-heroin (Smith), I sent for a sample to New York, as it was not to be had in any drug store in Montreal. I soon received through the postoffice four ounces, and within forty-eight hours very marked relief ensued, and by the time I had used the four ounces I was almost well. Four ounces more completely cured me. I have kept a bottle of it in my house ever since, and two or three times during the year a threatened return has been promptly relieved by two or three doses of a teaspoonful, which is the proper quantity for an adult.

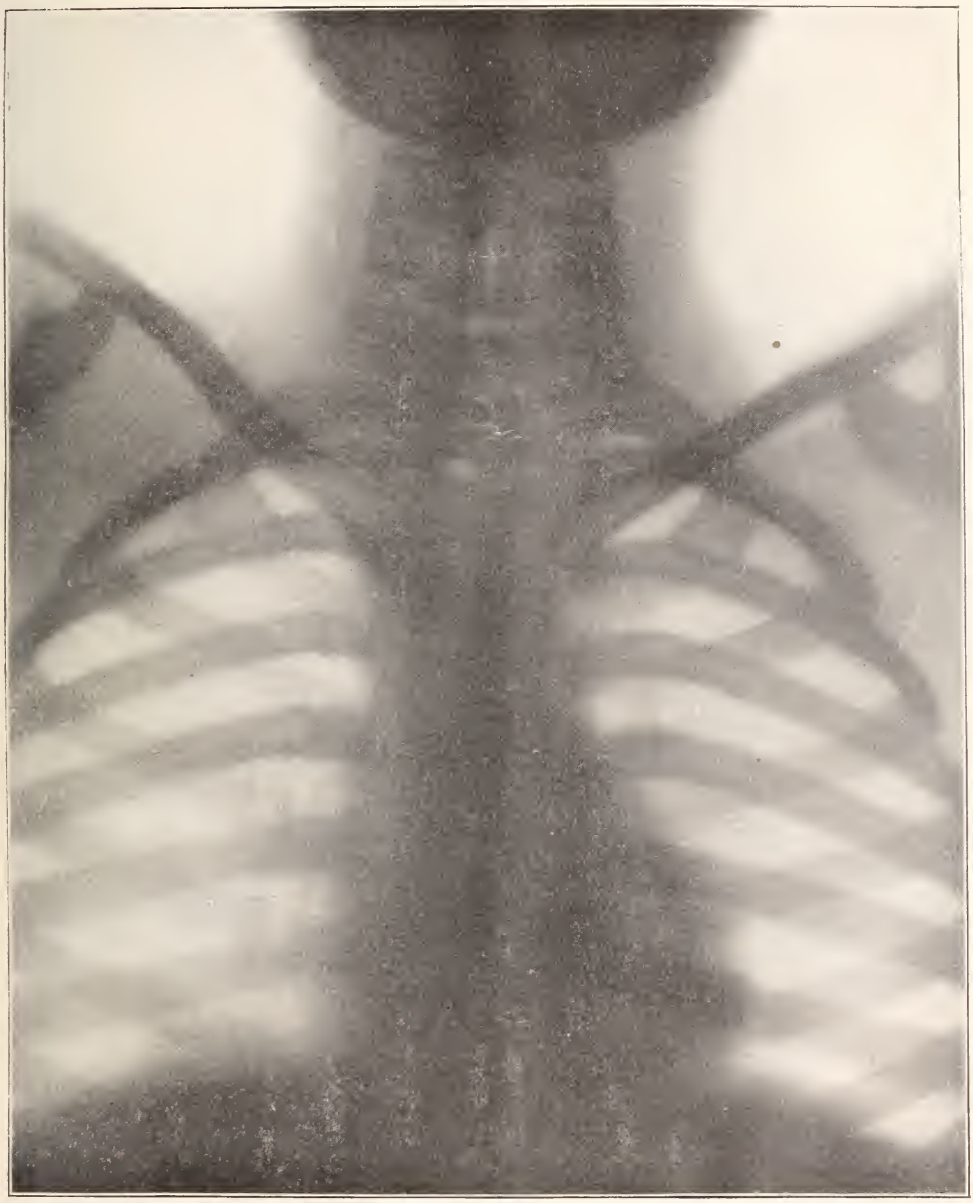
Case II.—Miss A. P., about 24 years of age, has been a patient of mine all her life. For the last four or five years has every spring been attacked with a spasmodic cough which lasted from two to three months which I failed to relieve. Thinking possibly that there might be trouble in the throat, beyond my view, which might be the cause of the cough, I sent her once to Dr. Birkett, throat specialist. He reported that his examination was negative. The cough as usual continued till the weather became very warm. Last spring she consulted me for the same cough, and told me very candidly that if I failed to relieve her she would try some one else. I prescribed glyco-heroin (Smith), four ounces, and before she had finished it she was completely cured. She, so far this spring, has had no occasion to consult me.

Case III.—J. L. F., a physician (specialist), consulted me in August, 1891, for a hoarse spasmodic cough, which was most aggravating both by night and day. He feared whooping cough, as his sister's children, who resided in the same house, were all down with the disease. I prescribed for him four ounces of glyco-heroin (Smith). Within a few days he reported to me that he was fifty per cent bettr. I think that he repeated the same quantity twice, by which time he was practically cured.

Case IV.—W. McG., aged about 65, consulted me in January, 1902, for a persistent irritative cough which had persisted since October last. He had been under the care of his family physician without relief. I placed him on glyco-heroin—a four-ounce mixture cured him perfectly.

X-RAY TREATMENT OF TUBERCULOSIS

BY GORDON G. BURDICK, M. D.



Tuberculosis of 3rd, 4th and 5th cervical vertebrae. Wore a jury-mast three years. Yielded to sixty-five X-ray treatments. Boy gained twenty pounds after treatment was given. It is impossible for boy to rotate the head.

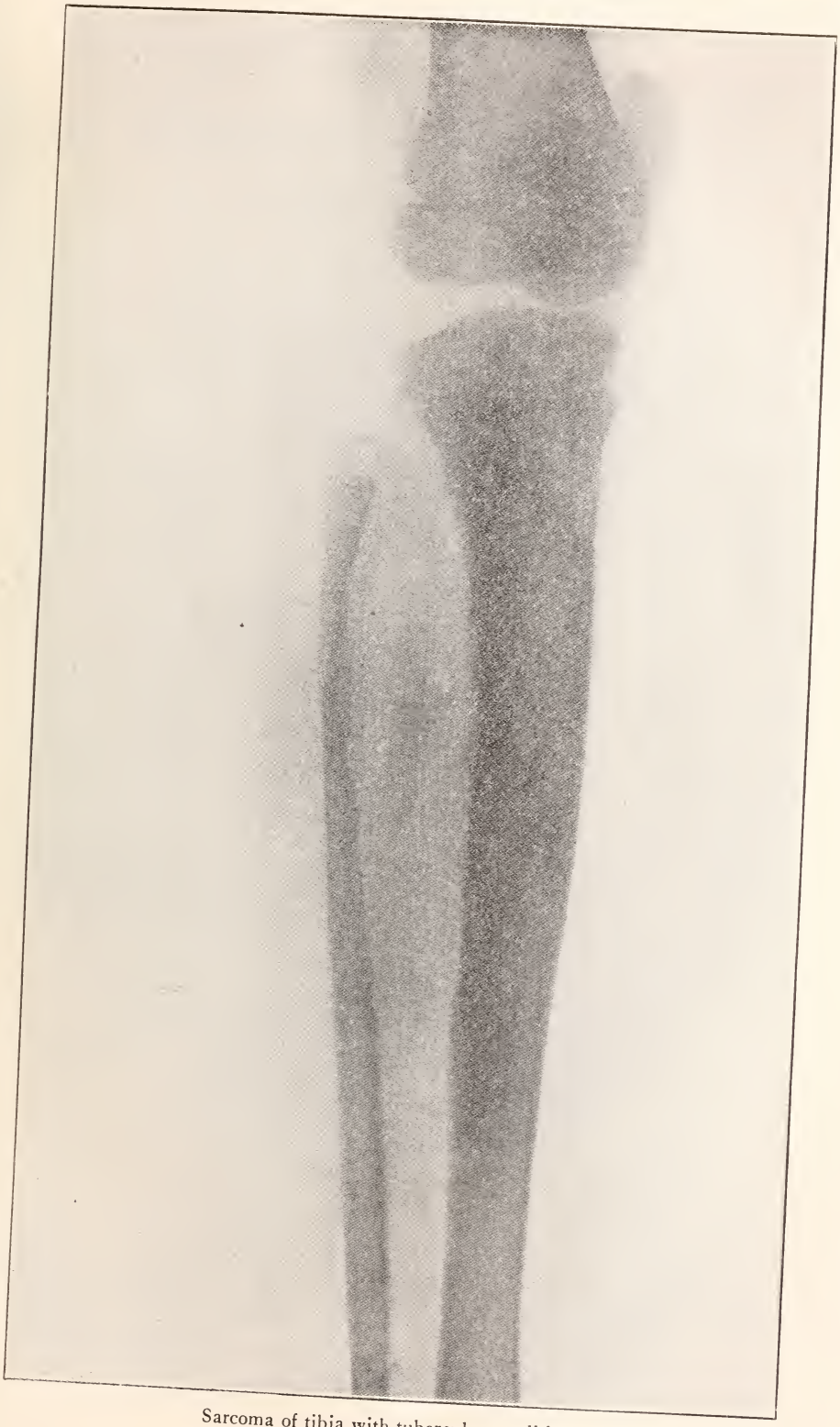
Tubercular disease and dislocation of right hip joint. Large abscesses evacuated. Sinus refused to heal. Orthopedic support necessary. She was treated six months with the X-ray, discharge ceased, pain left and considerable mobility remained. She was operated on by the Lorenz-Mueller method giving result shown in above plate.

Shows reduction of head of right hip joint by the Lorenz-Mueller method. Notice how the epiphysis has grown since the tubercular process was arrested. The operation has been a perfect success. Same case shown on opposite page.

Tuberculosis of bones of wrist joint. Sinuses numerous. Pain so great it was necessary to keep in splints. Treatment three months by X-ray brought about a cure. Hand is not stiff and motion slightly limited.

Tuberculosis of wrist joint, two sinuses discharging pus. Cured by twenty X-ray treatments.

Tuberculosis of knee joint eight years standing. Sinus discharging tubercular matter. Orthopedic apparatus necessary. Treated six months with X-ray. Results, anchylosis and cure. Now walks without cane or crutch.



Sarcoma of tibia with tubercular myelitis.

Tubercular abscess of parietal lobe of brain. Drained and after discharging seven months, cured by thirty-six X-ray treatments.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. IX MARCH, 1906 No. 3

Leading Original Articles

PHYSICS OF THE X-RAY.

By Gordon G. Burdick, M. D., Chicago, Illinois.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor of Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

(Continued from page 43 February Recorder)

TUBERCULOSIS.

The radio-therapeutic treatment of tubercular infection has been nearly as satisfactory as the treatment of skin diseases, only requiring a longer course of treatment and more attention to detail. I have seen cases of local tuberculosis recover in my laboratory so promptly as to seriously question the diagnosis.

The effect upon this disease was discovered accidentally during the earlier experimental work with skiagraphy, my attention being attracted to its apparent value by a clinic patient at the Chicago Post Graduate Medical School. I was endeavoring to make a collection of skiagraphs covering tuberculosis of the lungs, for a paper I was then writing. The apparatus was poor, skill and technic were lacking, and we were not then aware of the possible dangers of the X-ray. This gentleman had been attending the clinic for some time, and was pronounced as being far advanced in the secondary stage, and no special hope entertained of his recovery taking place. I selected him as a suitable victim of my first skiagraph of the lungs. I exposed him daily for about ten days before I succeeded in getting a good plate of his lungs. He informed me that the treatment had done him good and begged me to continue it longer. His request was granted, and I gave him a treatment of 15 minutes three times a week, for several months with steady progress until apparently he made a complete recovery. This case led to farther experimenting with other cases in the clinic and the success was so pronounced that a series of animal experiments were made, in order to see if any real basis existed for our results. A large number of guinea pigs were inoculated with tuberculosis, some were treated with the ray, and some were not treated. It was found that as a general rule those treated with the ray were slower in showing sickness, that the course of infection was milder, and in many cases a spontaneous recovery would take place. The experiments were varied in many ways, but the results were substantially the same. Cultures were made and some exposed to the ray while others were not, and it

was found that the pigs inoculated with the rayed cultures were invariably several days to a week behind the others in showing an increase of temperature, while the course of the disease was much milder, and many of the cases recovered. This experimental work apparently gave us a sound basis for the treatment of this disease, because the ray seemed to be detrimental to the tubercule bacillus itself. In some way the ray seems to deprive the bacillus of its reproductive power, while not entirely destroying its violence, is of sufficient power to lower its vitality so that it can be effectually checked by the natural resisting power of the body. This power of the ray, as well as the demonstrated nutritional value of this treatment has astonished me many times clinically until I believe today we have no other known treatment in medicine that is capable of giving such fine results in local tuberculosis. I have had the privilege and pleasure of using this treatment in one hundred and sixty-three cases of local tuberculosis, exclusive of lupus; and in those cases that I have had under my control for several months I have only good results to report. The character of the cases treated includes nearly every joint in the body, including infection of the spinal column, and it may be said that any case of local tuberculosis in good bodily health will recover under persistent radiation. It is frequently necessary to use other means with this treatment, depending upon conditions that may exist in each case. I have used this treatment in many cases where the patients have consulted some of the most eminent physicians in the world, and have been told frankly that they were incurable, and have had the satisfaction of watching a slow but steady improvement take place until eventually they were cured.

By watching a number of these cases of different nationalities and temperments yield to this treatment where all other things have failed, is very apt to produce more or less enthusiasm in the operator. The same effect is noted in cases of lung tuberculosis where favorable results may be looked for, but many of these cases do not react favorably to the ray, the bronchial tubes become so dry from the radiations that it is with extreme difficulty that the products of the disease are raised. This effect is noted in a minority of cases, but is extremely distressing when present. If we could devise a way to eliminate this disagreeable result, we could expect the same success as has been noted in joint affections, but as yet no way has been found to avoid this effect. As a general proposition a case of tubercular infection shows signs of improvement within two weeks after the treatment is started, the improvement will be slow but steady if the proper care is taken to give just the right amount of the ray; if too much is given the secretions dry up, the cough becomes harsh, and the temperature begins to rise, while exhausting night sweats will deprive the patient of his sleep. It is possible that enforced rest might work well with a certain class of people, but I must confess that it has been detrimental to all of my patients, and I insist upon open air exercise, and where impossible, calisthenics is substituted within doors with open windows, and if the cough is very annoying, and the toxemia very marked, a nebulizer spraying some sedative oil, the air being charged with carefully washed ozone. Opium or its derivatives are not indicated in the treatment of this disease, as an immediate increase of temperature is noted following their use. Stimulating expectorants if they do not interfere with digestion may be used with profit, always remembering that a tubercular cavity freely discharging causes very little toxemia, and as a general rule has little effect upon the bodily

health, while a closed cavity may destroy by means of its toxins two pounds of flesh daily.

Hope is of vital importance to these lung sufferers, and the successful physician is the one who can remove the black cloud of despondency, and substitute a cheerful buoyant spirit. A good illustration of this occurred in my practice two years ago. A young girl struggling, with insufficient nourishment, to become a teacher in our public schools, developed a patch of lupus upon her face, and after the surgeon had removed it, and the dermatologist cauterized it with live steam, she was referred to me very much despondent. The patch had spread rapidly in spite of treatment. Six weeks of radiation together with a positive assurance of success wrought a marvelous change, and a cure was effected. Three months after she was cured a sister died of pulmonary tuberculosis, and six months later the mother passed away with the same disease. Of necessity the girl was compelled to take care of sister and mother, and eventually became infected herself, apparently with the rapid type of tuberculosis. Her family physician informed her to that effect, she being thoroughly tired out and discouraged did not think it worth while to make a fight, until she was very much reduced in weight, and in a miserable condition. Her troubles became more then she could bear alone, so she called to bid me farewell. By an effort I got all of the history, and satisfied myself by making a skiagraph, that the small cavity she had in her lung was not responsible for her condition; in other words, while she had tuberculosis she also was nearly scared to death by the apparent hopelessness of her condition. After my examination I told her that with her active co-operation I could make her a well woman in four months. I assured her that while she had a cavity it was of no special importance, and that she would not only live but be able to carry out her life's ambition of becoming a teacher in the public schools. I directed her to resume her studies, prescribed calisthenic exercises, gave her the ray, controlled her diet, selected her outdoor diversions, and was rewarded with a steady improvement that eventually was successful. She is well, has attained her ambition, and is grateful for the mental support she received at a critical time.

No useful purpose is ever served by telling a patient suffering from a chronic disease that it is both incurable and fatal; for nothing is so certain in this world as the effect of the mind upon the vital processes. You convince the average human being that his time has come, and he will rarely disappoint you in fulfilling your predictions. When cool reason leaves its throne and is superceded by a vague unreasoning terror, chaos presides over the vital functions, and death is inevitable. The brutal truth is not always the best for the patient, for the wellspring of life is founded upon hope, and without that greatest of all human virtues, a man is brutalized and becomes neither a fit associate for himself or others. Some people are mentally of a negative make up, and can be cured in spite of their determination not to get well, but where one success is obtained you must record your failures by the thousands.

It is my conviction that all cases of tuberculosis, that offer a fair hope should be encouraged to fight; rouse all the sporting blood in their nature, and put it upon a personal basis, impress them that it is a fair fight between themselves and the disease, flatter their vanity from a muscular standpoint, and put them to work to develop their muscular system, arouse their enthusiasm, then give them proper treatment and watch the result. Will you fail? Rarely, if the patient receives the prop-

er mental support. You will say, this is not radio-therapeutic treatment, and rightly; but this therapeutic measure or any other will not give you success. In other words I wish to make it plain that in pulmonary tuberculosis that no agent can do any good without a firm conviction in the patient's mind that it is helping him.

With local and joint tuberculosis the general bodily health is usually not influenced, and as they have no fear of death upon their minds we find the ray supplemented with the proper supports is all sufficient. The radiations should be continued over several months, enough to bronze the skin, but avoiding the irritation of it. It will be found that a slow but steady progress is made, and eventually a cure seems to take place; sometimes we have a stiff joint, and occasionally one with perfect functions. We are able to accomplish in six months with the combined method, results that formerly required two years by immobilization alone. It has passed the experimental stage and I have no hesitation in saying that the results cannot be duplicated by any other known method of treatment.

Where the bone is seriously involved raound a joint, it is sometimes desirable to inject the joint with an iodoform emulsion before treatment. Iodoform acts as a transformer of the ray, and when in solution fluoresces with a brilliant light that continues for a considerable period of time after the ray has been discontinued. The presence of this light in direct contact with the diseased surface is able to bring about changes impossible with the ray alone. New discoveries along this field may be made in the near future that may change many of our ideas regarding therapeutics. Numerous salts in solution give off lights of different wave lengths, so that we can imitate nearly every wave in the known spectrum. Many are not poisonous while some cannot be used internally.

To render the blood luminous, and send it coursing through the body, reaching each single cell, carrying energy in the form of light to the darkest recesses of the human body, is possible. Its effect upon the body is not known while the effect upon bacteria is known accurately. It unquestionably will be one of the coming fads in therapeutics, and if measurably successful can only be supplanted by the "antitoxin", the substance that is being sought that will prevent the damage done by the toxins of various bacteria.

The technic for treating deep seated tuberculosis of bones, joints, etc., consists of the use of a high old tube, well plated with aluminum alternated every third time with a low tube of about one and three-fourth inches resistance. The exposure with the high tube is 15 minutes three times a week, with the low tube not more than ten minutes, using one milliampere of current to actuate the tube which is placed at a distance of 12 inches from the target. The infection is approached from different directions, in order to minimize the danger of irritating the skin. The treatment is kept up for several months, with intervals between, in order to give the maximum treatment possible; it may be given without danger. If the part treated is subjected to a strain in moving about, it is necessary to give it a complete rest by immobilization. Some method should be devised which will allow the patient to go about his business, as it is my experience that complete rest and confinement to the house is fatal to a satisfactory result.

In tuberculosis of the peritoneum, it is sometimes necessary to tap the abdomen in order to remove the superfluous fluid; but this should never be done until the patient has been under treatment for a few weeks, it being better to expose with the patient lying

down, as the water will absorb all of the energy of the ray. The only thing absolutely required if this technic is used is patience and faith. You must remember that all of these patients have been told that they are incurable, and naturally are very despondent. They have very little patience with experimental work, but will grasp at the straw offered them when assurance is given that a cure is possible, and very probable, a matter of time from four to six weeks is of little consequence to them, compared to either death or chronic invalidism.

In many instances I have been obliged to furnish the backbone for an operator who has become discouraged because of apparent lack of success. I am glad to say that persistence upon their part won the day. If the lesion is small a quick effect will be had, while if extensive destruction has taken place, the time must of necessity be longer. Tubercular lesions heal slowly as a general rule, but they are by no means as hopeless as the profession seems to regard them, and if hope and ambition are kindled in their hearts wonders can be accomplished.

I would urge all X-ray workers to try this treatment in all cases of local tuberculosis, use it persistently and I believe you will be astonished at the results obtained. I have been and have many patients grateful for my optimism.

A man who wished to see a well-known Wisconsin lawyer on some urgent legal business, called at the lawyer's residence early in the morning before office hours. The attorney had stepped out to the barn and the visitor was received by the lawyer's little son, who when asked if his father was in, replied: "No sir, pa isn't in, he is out to the barn doing the chamber work for the cow."

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

(Continued from page 44 February Recorder.)

CONSTIPATION.

Before closing the brief review of the more common rectal diseases it is well to consider a few of the causes of constipation.

Where the sphincter is spasmodically contracted an obstinate constipation may exist without any other condition being present as a factor. The overcoming of spasm may entirely relieve such a condition though it may not be an easy matter to entirely and permanently overcome a spasm of this muscle.

Where a local irritation exists over the muscle, spasm is likely to be produced, the great pain following the development of slight lacerations of the mucosa at this site being entirely due to the firm contraction of the muscle. Hemorrhoids are seldom very painful except when within the grasp of this muscle. The fissure which causes much suffering may be cured by surgical treatment without the use of a general anesthetic. If a syringe containing a very weak cocaine solution is armed with a fine needle and the needle inserted under the margin of the laceration and the solution properly deposited beneath and around the laceration the intensely sensitive condition is entirely overcome and a speculum may be introduced into the rectum and partly opened without pain. Perfect access should be secured to the entire length of the laceration or ulceration and all granulation tissue cut or scraped away and the overhanging edges of mucosa trimmed away. The fibers of the sphincter immediately at the base of the fissure should be divided where the spasm has been very great. The af-

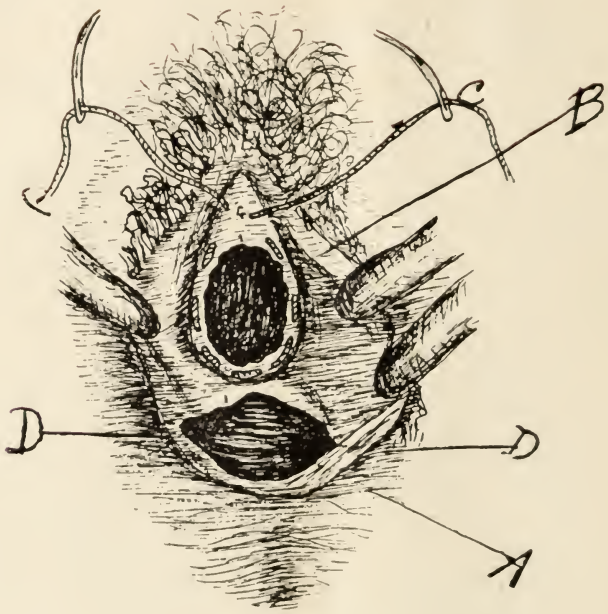


FIGURE I

Figure 1. A—triangular denudation for perineal restoration. It should extend high up where the uterus lies just above the sphincter ani. By such a plan the tissues are crowded together from either side and lift up the uterus. B—represents area denuded for over-crossing cystocele. CC—marking suture which when tightened approximates the edges of the raw surface. When points marked DD are brought together the manner of approximating the perineal denudation is apparent.

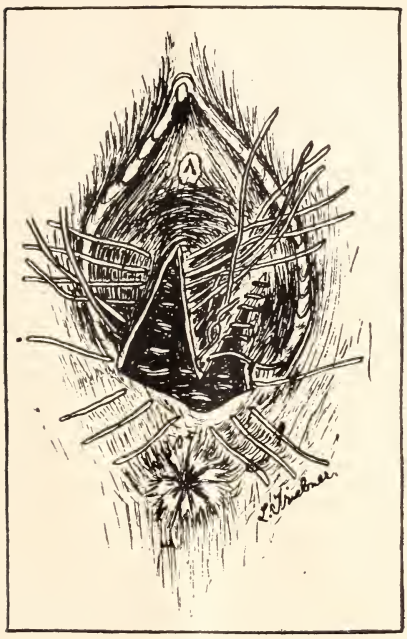


FIGURE II

Figure 2. Manner of approximating triangular or median denudation with interrupted sutures. Sutures whose members correspond are tied. Vaginal sutures alone being tied first. Vaginal sutures should be absorbable.

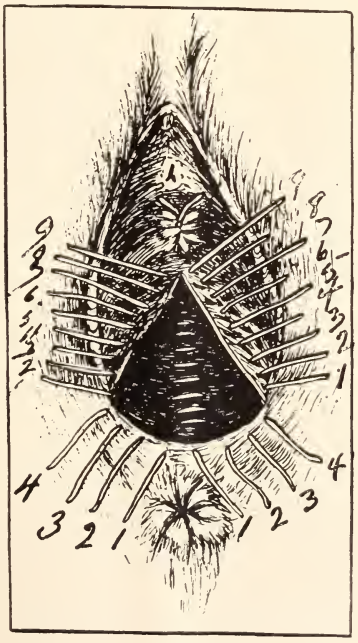


FIGURE III

Figure 3. The so-called butterfly denudation. Here the giving away is to either side of the median line. This denudation is popular with many operators. It is less efficient in lifting the uterus away from the sphincter where the organ lies low and should only be used when clearly indicated in preference to the median approximation.

ter-treatment includes cleanliness and mild stimulation. Washes are used after each bowel movement and such agents as Balsam of Peru or Canada Balsam applied. These cases almost invariably heal without difficulty.

Where the muscle is strong and well developed and the patient suffers an obstinate constipation the use of a rectal speculum every two or three days dilating the sphincter as much as possible may be an important adjunct to the treatment of the constipation. Where the patient will consent to it an anesthetic such as nitrous oxide or ethyl bromide may be given and the sphincter divulsed. In divulsing a strong sphincter, the stretching should be thorough. There is little to be feared from the strong sphincter where the muscle is not cut. It tolerates extreme stretching. Some of the fibers give way in a divulsion which is thorough but this is of advantage in insuring against a return of marked spasm.

THE WOMB AS A FACTOR IN CAUSING CONSTIPATION.

Sometimes we see cases in women where an obstinate constipation is due to the pressure of a heavy uterus against the sphincter. If the uterus sinks low in the pelvis following a perineal laceration it often rests upon the sphincter above. Particularly is this true where a retroversion develops. When the woman strains during defecation the uterus is crowded against the sphincter and interferes markedly with the passage of the fecal mass. The condition is only corrected by lifting the womb well away from the sphincter. This may be accomplished by perineal restoration. Lacerations of the perineum may be corrected without the use of a general anesthetic. If the patient is thoroughly scrubbed and placed in the lithotomy posture with the buttocks well down over the edge of the table, the operator has easy access to the parts. The type of laceration may be noted as well as the position of the womb. Whenever possible triangular denudation and median restoration should be used in these cases. The mucosa is removed over a triangular area the apex of the triangle within the vagina lying just posterior to the cervix. In these cases where the uterus practically lies upon the sphincter the denudation should be carried high up so that the uterus is elevated as much as possible following the operation. Lateral denudation or the denudation after the manner described by Emmet may be used where the laceration is clearly to the side of the median line though wherever possible median denudation is preferable. Approximation following denudation is simple—where infiltration is performed properly. To infiltrate in these cases the first injection should be made at the entrance of the vagina posteriorly. The mucosa and cicatricial area to be included in the operative field should then be infiltrated. This infiltration is progressively extended and should cause no pain. Where the solution contains merely a trace of cocaine its injection is painless. The completeness of the infiltration may be judged by the tension of the tissues, by the appearance of the parts and by failure to cause pain by pricking the tissues with needle or scalpel. The steps of the operation should be painless. The operator should cease his work at any time when he finds that cutting or handling the parts causes pain. The mucosa when completely infiltrated may be dissected away and deep injections made to render the suturing painless or following the infiltration of the mucosa the operator may proceed to inject deeply so as to render insensitive the area through which the sutures are to pass.

The illustrations render the steps of the operation clear. Suturing is accomplished to approximate the raw surface formed by the denudation. In many cases but little mucosa need be

sacrificed it being crowded forward when the sutures are applied. Mucosa thus crowded forward and retained acts as a cushion to help to some extent to retain the uterus well above the sphincter. The anterior wall should it point backward and downward should be denuded over an oval area and the area closed by approximation of the edges. Any small vessels met during these operations should be secured by twisting. The operator aims to lift up the uterus so that it lies well above the sphincter ani. His operation should be planned to accomplish this. Physicians are often prone to neglect a perineal laceration. They should always remember that these conditions may be satisfactorily and painlessly corrected with the aid of infiltration anesthesia.

INDIGESTION

By W. C. Abbott, M. D., Chicago, Ill.

It might safely be asserted that if there were no digestive disturbances there would be fewer fortunes built up on a nostrum foundation. For that matter, the doctor would be less busy and mankind generally would be better and happier.

Unhappily, the victim of "indigestion" has been taught to consider the disorder as altogether too trivial for serious consideration—in the early stages, that is—and he either medicates himself (basing his choice of tablets, powders, etc., of some kind upon the latest advertisement in the daily paper), or allows the druggist at the corner to "advise" some "splendid medicine" of his own. It makes no difference whether the "indigestion" is due to atony, catarrh, debility, hyperchlorhydria or bacterial invasion, the "splendid medicine" or much advertised "tablet" is supposed "to touch the spot": and, if it doesn't, the victim goes from one nostrum to the other; tries every remedy every dyspeptic friend suggests, finally either succumbing, recovering despite everything, or consults his doctor.

By this time the matter has usually assumed a serious aspect, and the busy physician, used to hearing patients complain of eructations, "full feeling" after eating, " a ball in the pit of the stomach," etc., prescribes, too often, some "digestive elixir," pepsin tablet, or similar medication, and orders a low diet pro tem. If he happens to strike a fairly favorable case, and the patient gets a really active "digestant," relief may follow; and, if the victim rests his stomach for a time, normal conditions may be re-established.

But, more often, the case becomes a chronic, and the doctor, after treating him for months, hints that a visit to a stomach specialist would be a good idea. Thus, with one stroke he deprives himself of practice, acknowledges his inability to cure a simple condition, and confirms himself in a shiftless method of treating disease.

Every case of "indigestion" (with the exception of a few simple instances of temporary gastric torpidity due to overeating or improper diet) calls for careful attention and scientific treatment. Alcoholism, the use of tobacco, improper food, rapid eating with sedentary habits, the use of drugs, catarrh, uricacidemia, non-elimination, bacterial invasion from an ill-kept mouth, etc., any one or a combination of these may cause "indigestion." Motor neuroses, neuroses of secretion, and absolute dilatation, all require recognition; and the physician who is not able to make a proper diagnosis and analyze the stomach contents after a test meal, or have it done for him, can not hope to really treat these so-called "simple cases" as modern medical science requires.

The methods for determining the

presence of lactic acid, the percentage of acids, ferments, etc., are simple in the extreme; and the examination of a test meal or stomach washing is equally easy. The idea of treating a patient with gastric dilatation with HCl in large doses might be funny, were it not so tough on the victim; and the calm prescribing of soda, charcoal and bismuth (with pepsin, perchance), when there is an almost total absence of HCl, makes one wonder whether after all "medicine as she is practiced" is not something of a "bluff."

It is not the writer's intention to here attempt to describe the methods of diagnosis usually necessary in such cases. Excellent and explicit works are at the practician's disposal, and if he will study them and supply himself with the simple apparatus and reagents required, he can add to his income and reputation enormously.

The one great truth I would point out is this: Simple "indigestion" rarely calls for the attention of the doctor; the condition which really exists is infinitely more serious and often reflex in character. The routine use of ready-made digestants or gastric sedatives serves to mask the symptoms and leave the disease to take firmer root. Catarrh is, perhaps, most often at the bottom of the trouble; next in order for frequency comes insufficient innervation (gastric debility), and equally common perhaps is bacterial invasion—with its fermentation symptoms.

Basic treatment in each of these conditions is easily outlined. We must cleanse the gastric and intestinal mucosa, relieve the overworked and atonic organs, increase circulation and improve innervation. If we do these things, bringing about normal conditions, we can in many cases omit the stomach tube, lavage, gavage, and all the minutiae of gastric treatments.

The first thing, then, is to sweep clean the entire intestinal tract; to do this without undue irritation we must use a saline. Magnesium sulphate will in every case prove the ideal agent for this purpose, and it should, as a rule, be given in medium dosage, and in hot water, early in the day, before food has been taken. Bile is nearly always deficient in these cases, therefore to insure hepatic activity and normal conditions in the intestine we will gently stimulate its secretion. Small doses of hydrarg. chlor. mit., with still smaller doses of podophyllin, are unquestionably the most effective agents here; we exhibit then, gr. 1-10 to 1-6 of calomel and gr. 1-6 of podophyllin every hour from 6 to 10 o'clock every third night adding bilein gr. 1-4 to the last two doses, and order the hot saline draught the next morning on awaking.

To act directly upon the mucosa, increasing gastric motility and improving innervation, we give, thirty minutes prior to meals, hydrastin or berberin gr. 1-6, juglandin gr. 1-6, and strychnine arsenate gr. 1-67. We have now provided a clean and clear digestive tract, are giving the best possible agents to produce normal digestive activity, and all that remains is to at first insure proper gastric preparation of the food ingested. To do this we give, after the meal, papayotin—the most active digestive ferment, acting equally well in acid or alkaline media—gr. 1-3 and capsicin gr. 1-134—just enough to keep up free circulation in the gastric vessels and increase the secretion of the digestive juices. By causing a free flow of bile to pass through the intestine we have disposed of numberless bacteria, but to prevent fermentative changes and positively destroy spores we exhibit for one week, one hour after food, five to ten grains of the sulphocarbolates of lime, soda and zinc, properly combined. We insist upon a light diet; no fluid with meals; stop coffee and tea; limit or prohibit tobacco; order fifteen minutes'

exercise after the light meals and half an hour's rest after the heaviest meal of the day; and feel fairly sure that we shall cure our patient or, if the disorder proves to be of a more serious character, put him in the very best condition for more elaborate treatment.

Cure your cases of "indigestion," doctor, it's easy if you go to work the right way.

ACUTE SUPPURATIVE OTITIS MEDIA

By J. A. Pratt, M. D., Aurora, Illinois.

A few days since I was called to see a case of acute suppurative otitis media. I was surprised to find that the patient had been under the care of a physician for a number of weeks, and although the acute suppurative condition of the ear had been present for nearly two weeks, the attending physician had simply given internal treatment and no advice on the attention of the suppurating ear. I was called on account of the increasing pain, which was being relieved by the use of morphine. The glands and muscles of the neck were sore, and there was tenderness all around the ear. The canal was plugged with cotton externally, and filled with a thick green discharge. The whole conditon was on the border of a mastoiditis, and may develop into it yet.

I wish simply to call the attention of the general practitioner to a method of treating these ear cases; for a physician who allows these cases to go absolutely untreated is certainly criminally negligent.

In case of an ear-ache, which is the heralding of a threatened suppuration, the external auditory canal should be thoroughly douched with hot boiled water; testing the heat of the same by the back of the hand. A fountain syringe with an elevation of the bottom of the syringe six inches above the ear will give plenty of flow. After douching the ear with two quarts, or more, of water, thoroughly dry the entire canal with absorbent cotton on a probe or tooth-pick, having the point well protected; and fill the canal with a warm solution of the following:

℞

Camphor.... .....5 parts
Glycerine.....50 parts
Ol. Almond.....10 parts

In case of inflammation of the drum you will obtain marvelous results, and in inflammation of the middle ear you will allay inflammation and render the canal clean, so if the drum ruptures, or is lanced, the latter should always be done when possible, you have small chances of an external infection.

When there is running, use cotton swabs on tooth-picks to clean the ear, and when the canal is clean leave a piece of cotton in the ear extending back to the drum, which will draw out the discharge from the middle ear by capillary attraction. Change the cotton as often as it becomes saturated.

Do not use powders of any kind in the ear, and when the ear is syringed, or douched, always dry out the entire length of the canal with cotton swabs.

While the suppuration is in the acute stage calcium sulphide pills grain ½ should be given one every hour during waking hours to retard suppuration.

In cases where the pain in the head increases and there is no particular tenderness over the mastoid, give hot water douches every half hour, as the coagulation and shredding of the discharge is apt to clog the opening in the drum and cause retention of the secretions.

Under the above treatment a simple suppuration of the common infection will heal in from two to three weeks.

Watch should always be kept for mastoid, antrum and brain trouble, and in a sudden cessation of the discharge look out for trouble. When there is ten-

derness over the mastoid continuous cold may be applied by the use of the Leiter coil, or rubber tubing, for not later than forty-eight hours: at that time if temperature is high, pain and tenderness increased, the mastoid cells should be opened. This can be done by any physician, and the mastoid operation completed as soon as arrangements can be made.

A FEW DON'TS.

Don't neglect to examine your children patients for eye, ear, nose and throat troubles.

Is their vision normal? If not, what is the trouble?

Have they normal hearing? Are they subject to ear-ache? Do the ears discharge?

Can they breathe through the nose? Pass your forefinger up behind the soft palate and feel for adenoids.

Are the tonsils enlarged?

Educate your patients that it is far better to pay to stay well than to pay to get well.

Don't tell the parents that a child will outgrow a running ear.

Don't neglect to have adenoids removed.

Don't neglect to have enlarged tonsils removed.

Don't forget that a running ear is a continual source of danger not only to the hearing, but to health, and is followed by mastoiditis, brain abscess, and death.

Don't be ashamed to say you don't know. It is better to say it to the patient yourself than to have the other doctor tell him.

During a recent small pox scare in a Wisconsin city, someone asked a little boy if he had ever been baptised, and he answered, "yes, but it didn't work." Another child, when asked where he had been vaccinated, answered, "in the Episcopal church."

RHEUMATISM

By J. R. Landers, M. D., Bernadotte, Illinois.

The causation of rheumatism has never been positively or satisfactorily established. But even if we consider the theory established, treatment does not pan out in practice satisfactorily. It may be that some factor of seeming inconsiderable importance may be the potent factor and the necessary one to the production of the more acute phenomena. Or in other words it may be that by eliminating some factors, though of seeming slight consequence, we get rid of the exciting cause and cure the disease. The point is the so-called cause of rheumatism may exist in the system without producing the disease for an indefinite period, but auto-infection takes place and the disease is lighted up in all its fury. The question is why did it explode? What the potent provoking factor? What destroyed the safety valve and thus allowed or caused the explosion. I must acknowledge my inability to answer the question, specifically but there is much evidence to indicate that the answer is an auto-infection. Recently another boldly stated his opinion that the disease under notice was "preeminently one of auto-infection." I have often seen reason for concurrence in this opinion and in my treatment of these cases in accordance with this theory, the results have been so much more satisfactory and prompt than when the element of auto-infection was not considered material to denote the fact of its causative relationship. A case on hand and convalescent was treated on the unclogging, cleansing, purifying plan. Amelioration and improvement progressed step by step with the results of cleansing and purifying efforts.

Whether the antiseptic effect was the cause of the gradual, step by step, and complete amelioration, let each draw his

own conclusion as I give daily general condition and treatment, of the case.

Woman, 47 years old, taken with general malaise, soreness of muscles, foul tongue and breath, with constipation, temperature 99 2-5° F., pulse 110, on the 14th of the month.

She was given that evening 1 gr. of calomel divided in 10 doses, followed next morning with saline till bowels moved freely, no evidence of long retained fecal matter. Intestinal antiseptics begun on 15th, gave them regularly and continuously for 15 days. 16th, fever 102, pulse 120, gave acontine and digitalin, also gave calomel in evening with podophyllin and followed with saline on 17th, that gave much better results than before, getting a very free evacuation of most offensive fecal matter. No appreciable change in symptom except metastasis. On 18th condition same except pain not so acute. 19th, gave calomel and podophyllin followed with saline. Bowels acted freely by morning of 20th, bringing away large and very malodorous defecations. Morning of 21st bowels moved freely and matter of natural appearance, temperature 100 F., pulse 90, intestinal antiseptic continued. 21st, tongue clean, bowel action natural, temperature 99. On the 15th the right elbow was the joint involved, which was red and swollen; 16th, right elbow better, but left elbow and knee involved, red and swollen; 17th, wrists and ankles worst; 18th, hands, wrists, feet and ankles; 19th, a slight amelioration of pain and swelling; 20th, less swelling, less pain; 21st, all symptoms markedly improved; 22nd, swelling almost all gone; 23rd, no swelling, pain only on motion; 24th, motion (passive) with little pain; 25th, slow passive motion causes no pain; 27th, patient can make active motion without pain; 30th, soreness practically all gone, patient moves without help and on the 31st, is sitting up.

It seems that betterment followed closely effective cleansing. None of the so-called anti-rheumatics were given. Each time the fecal discharge was effective the symptoms ameliorated and on to the final mephitic discharge which was followed by movements natural in appearance when there was complete subsidence of all rheumatic manifestations. Whether removing the autotoxines was removing the exciting and necessary factor for continuance or whether while removing autotoxines we also remove something else that is the cause, or whether by cleaning and disinfecting the alimentary canal making it as nearly aseptic as is possible we remove obstacles to nature's efforts to effect a cure or remove something else that is the cause proper of the disease manifestations may matter little to patient or even the physician, but the fact that cure follows is certainly evidence that our efforts at intestinal and systemic asepsis are properly placed. And if we cannot determine to our satisfaction what is the absolute, certainly necessary cause of rheumatic phenomena but that relief quickly follows intestinal cleanliness we certainly must give to it at least a modicum of credit and recommendation for the result. When this patient was able to sit up she made complaint that the intestinal antiseptic—I used the sulphocarbolates of lime, soda and zinc—hurt her stomach, so I concluded she could get on without them so I discontinued their use, when in a few days she had a relapse and right knee and ankle swelled up and fever occurred, tongue coated and breath offensive. Gave calomel, salines again and pushed sulphocarbolates; result was very fetid dejections from bowels; other points were involved. I then gave her podophyllin at bedtime and sulphocarbolates continuously, when in five days all swelling gone; by the end of a week movement of muscles caused no pain; by 8th day sitting up some; by 10th day could sit up practically all the time.

There seems no reason to suspect a relapse. It seems to me the evidence indicates very materially that the treatment was good, whether it does that auto-infection was the cause or not. And I will say this is a leading feature of my treatment in all cases, viz., to clean and purify the alimentary tract and many get well without any other treatment. So then to my mind it seems certainly a fact that auto-infection is a prominent, if not a predominal factor, and that efforts to produce intestinal asepsis if not of paramount importance, are nevertheless potent and the usefulness of it can scarcely be denied.

THE MYSTERIES OF MEDICINE

By J. A. De Armand, M. D., Davenport, Iowa.

In an address before the New York State Medical society ex-President Cleveland pleaded for "less of medical trust in mystery" and "less high and mighty aloofness." To many people this will sound like a joke but to others it will be noted as a criticism of the methods of medical men in their management of sick people. The gist of Mr. Cleveland's observation was illustrated by the colored woman who wanted a pair of spectacles. The storekeeper assured her that they were of superior merit for purposes of vision, but she said, "Yes, I know, but can I see with them?" A lot of people feel that after paying for medical advice or medical attention, they should be told all about the matter. Many of them are and these are the happy few who get liver and kidney and stomach so mixed that all dividing lines are lost and then it is that a little knowledge is a dangerous thing—dangerous to the reputation for intelligence. After all it is better not to know so many things than to know so many that are not so. Just what advance would be made and in what way progress would look to be having an inning by having people told the whole truth and nothing but the truth, in medicine, is past finding out to a medical man.

Did the reader ever talk to a lawyer who told a brief story of how a law was made and why and why not? Sanscrit and deaf mutism are high opera to it. Any technical subject calls for technical knowledge for its understanding. People who are educated and competent to appear to a creditable advantage in any assembly would feel and be lost in a medical convention and this not because of any deplorable lugging in of "pigeon latin," as Mr. Cleveland calls it. Technical knowledge cannot be made popular and as no other profession has been flayed for not doing it there seems no good reason for thinking that the plan on our part is a means to the end of buncoing the dear people. What end could be subserved by telling a sick man the common name for his complaint, explaining what medicinal remedies were used and what purpose each was to accomplish for him would all have but one end: the patient would tell you to get him well and then tell it to the policeman.

About every so often somebody rises to complain that our profession acts on a plane away from the common people (ought to be spelled peeple), and for that reason that we are amenable to criticism if for no other reason than that a good rule is to condemn what you can't understand. How we can be accused of establishing a "trust" when preachers offer a most fruitful field for the reference list; when lawyers and public men arise to be counted in great numbers as living examples of what a cheap whiskey adroitly disguised as a patent medicine can do; when men of education daily are separated from their coin by methods current in the days when black catskin poultices worked wonders but which are now catalogued with lone Indians-with-a-gold-brick; when all these people assume to accept and act on the assumed power to tell

and know a good deal about medicine it does seem as though a large measure of light had been let in on a dark subject. The facts are that what many people want to know is how to doctor themselves. These are the people who think or when well assume that there is nothing to medicine; that all you want is a little physic and a good hot bath and you are all right. Marvelous as it may seem these people are our first and best customers when outraged nature serves a writ of injunction by way of a pain or an ache.

Lawyers say that no better aid to their success could be found than by a free distribution of a code to every man in the country. Then each man would post just enough to make him learned in his own estimation and the result would be that law suits would become a luxury and in the rapid distribution of justice the lawyer would as usual not get left.

May be it might serve a useful purpose if we aimed to send family health books describing diseases that are perfectly clear to the reader but not nearly settled to the man of medicine even after years of constant study. I think the average man who subscribes to Mr. Cleveland's view feels that when he pays a doctor for advice and knowledge he at least ought to get the information in clear language, language clear enough to enable the patient to be prepared for the next visit of the same disease anyway. And maybe that is true. Let us assume that it is anyhow and note the result. We will suppose that Mr. A. goes out with the boys to celebrate a birthday or a victory of immaterial kind; he eats freely of viands he is a stranger to; he drinks beverages which if taken in the darkness and solitude of the family closet would justify a riot call; smokes freely on a sweat-shop Havana strong enough to choke a cow; sits long in an atmosphere thick enough to be cut with a knife; goes home when the cock makes the first call for breakfast. The medical man finds this man after a few fruitless days spent in hot bathing, and hot whiskey attention much out of humor and greatly in need of help. Now the thing in his sane moment this man wants done is to have the truth, the whole truth and nothing but the truth told and mind you told in plain English and no pigeon talk either. Admitting all this the medical man should say something like this: "Well, my friend, you have eaten like an anaconda and drank like a fish; you breathed in an atmosphere unfit for a self-respecting hog to tarry in; you are not sick at all; you are just full and full of rot; all you want and need is to stop eating and take about a dime's worth of any old cheap salts and wait; you won't die much as you ought to." Then the medical man having had a good hold on the door knob would escape. It would be his last visit. That man would never speak to that doctor again; he would denounce him as a scoundrel and accuse him of drunkenness and drug addiction and offer hours of proof backed by the testimony of a cowed wife to prove the allegation. Within two minutes after the honest doctor had left another doctor would be called and after he had practically made the identical mental calculation and had prescribed in the despised "pigeon" English the same medicament he would have announced that a severe case of gastritis or fermentative dyspepsia or some other awfully fatal malady was on the road, take his departure and straightway the entire family would come in one at a time and look at "Pa" and weep and poor "paw" with a taste too thick to bite would regard himself as the sickest man that ever lived to tell the story. In four days he would be down town telling people that he came within an inch of dying and that but for an iron constitution he would now be on ice. Thirty days hence he would tell his family that that last doctor was the barefacedest robber that ever carried a case in-

stead of a billy. Six months later he would demand that the doctors cut out Latin and avoid trusts, just like thousands and thousands of people want to do and a great many do every day in the year.

SYPHILIS AND ITS EVILS

By W. H. Gray, M. D., Michigan City, Indiana.

I have many times suggested an act of legislation to prevent the spread of syphilis to innocent persons and to unborn children by diseased parents. There should be some act of legislation brought about prohibiting inter-marriage of all syphilitic subjects by compelling physicians to record all such cases treated the same as any contagious disease, and such record be submitted to county clerks, and these placed upon a public record, which shall act as permit by said clerk; and making it a permit by said clerk, and making it a misdemeanor and criminal offense to both the clerk of said county and to the diseased applicant for obtaining said marriage license, or offering to secure said license while he or she was affected with said syphilitic disease, subject to a fine and imprisonment to hard labor for a reasonable perod of time, in the discretion of the court or justice of the peace. This would have tendency to prohibit such inter-marriages until such diseased persons were cured and have the physician's record to show this fact. It would also tend to make all such contracting parties more careful in exposing themselves to such a dread and loathsome disease that brings such untold suffering to innocent parents and their offspring.

Let such a law be enacted and enforced to the letter to prevent the spread of this horrible diseases.

Also make it a penalty for any property owner to rent houses to carry on places of illfame and prostitution.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

SOCIALISM AND MEDICAL PROGRESS

In the January number of the Wisconsin Medical Recorder, page 20, Dr. Speier speaks of sociological questions and expresses views, a belief in which, it seems to me, is against the best interests of society, and is unsupported by facts and reason.

The subject is most important and is pressing forward for settlement, and can only be settled satisfactorily by scientific study; and physicians should know positively, before expressing opinions, whether or not socialism is opposed to progress, medical or otherwise.

Dr. Speier quotes from an exchange which states that the city of Zurich now employs 40 physicians at $2,500 dollars each, per annum, the city being a closed borrough to other physicians. Dr. Speier then say: "The scheme has the same fatal weakness as any other socialistic scheme that it sets a high water mark which will be hard to pass later. It takes away from its 40 beneficiaries every incentive for doing superior work (a direct libel on the profession, as a study of the sacrifices of physicians in the cause of humanity will show) and gaining further distinction. If it should become universal, it would sound the death knell to progress in medical science."

Dr. Speier would have us believe that discoveries and genius are the result of greed, instead of distinction (and sometimes dollars incidentally) being the

result of genius, accidental discoveries, desire for fame, honor and social approbation, or to serve the cause of humanity and advance scientific knowledge. Koch was a government employe, and rewarded with "imperial titles and honors." The discovery of protective vaccination was not the result of a money stimulus.

Under another heading Dr. Speier proceeds at once to let the wind out of some of his theories with the following statement:

"The present writer found not long ago in a city of 30,000 inhabitants in the middle west that the usual fee for consultation and medicine, including a long examination, was 50 cents. And the physicians, although justly dissatisfied with the condition, claim to be powerless to improve on it on account of the severe competition. There are 75 physicians in the city, not counting the many irregulars who all do some business (perhaps more than the regulars) and to that extent diminish the total income of the profession, hence there is always some doctor ready to work for a pittance to keep himself from starving."

And competition increasing! No fatal weakness about the present scheme! The theory being perfect, we naturally get perfect results. Yet we are told that competition is the life of trade, and money incentive sets a high, instead of a low, water mark. Does the above condition stimulate medical progress? These doctors are likely to purchase the latest books, journals, instruments, the purest and highest priced drugs, make scientific investigations, etc., and endeavor to cure their patients in the shortest possible time, are they not? How about this, doctor?

Now, the truth is that medical progress has been made in direct opposition to the money incentive theory; the aim being either to prevent diseases, or shorten their course and render them mild, and most physicians strive, to the best of their ability, to carry out this theory. But a man would be strongly tempted to nurse cases along, rather than be pauperized or starve. As a matter of fact, many needless, useless and dangerous operations and treatments have been performed for a money incentive; while very many, in urgent need of treatment, cannot afford to pay for it.

But in spite of this base incentive, the medical fraternity has proved that great things are done from a nobler instinct than a greed for money.

Mozart, Shakespeare, Milton, Robert Burns, Abraham Lincoln and Jesus Christ were all highly distinguished, yet no one ever knew of them being wealthy. But their names will be honored or revered for ages, while the name of Rockefeller is now and always will be despised. Money does not give desirable distinction.

Vaccination, sanitary science, hygiene, quarantine, destruction of (disease carrying) flies, mosquitoes and germs, the use of antitoxin for immunizing purposes, etc., are all directly destructive of the demand for physicians' services, yet were introduced and are persistently advocated by physicians, and would result in the almost total elimination of disease but for the mind and body destroying and ignorance producing conditions caused by competition and the scramble for dollars.

No one will dispute that a money incentive sustains the secret nostrum business, yet every physician knows that most of the secret nostrums are composed of cheap whisky mixed with aloes and saltpetre or some such bowel and kidney prods, variously disguised with flavoring extracts; or dangerous narcotics which deaden sensations of pain and distress, giving the user a false sense of security and relief until it is everlastingly too late to make a positive cure.

Albright's Office Practitioner states that newspapers and magazines which

publish these advertisements bind themselves by contract to say nothing detrimental to the secret nostrum business. Why? Dollars! Yet a money incentive sets a "high water mark" and encourages medical progress!

Dr. Waugh (Alkaloidal Clinic, Aug., 1905, p. 838) says: "Last year seven hundred thousand infants died in the United States alone. The vast majority of these died from causes not only preventable, but well known and easily preventable. * * * The two great first causes of these diseases are greed and prejudice: Greed, from the Molochs who deal out the helpless innocents adulterated and decomposing foods for sordid gain; prejudice," etc.

Ignorance, willful or otherwise, is usually the father of prejudice, and is fostered by the system (or lack of system) based on money greed.

Read "The Jungle," a story of Packingtown, Chicago (based on facts), and learn how the food of 30,000,000 people is prepared, and how, incidentally, the lives of the workers are ground into dollars. (Jungle Pub. Co., P. O. box 264, New York City, cloth, $1.35.)

Why are 50,000 prostitutes scattering venereal diseases in New York City? (And in other cities in proportion?) Because the competitive system (that is, competition for a chance to exist—the capitalists combine) has forced wages down until women cannot secure more than the barest necessities, at most, with their wages; and men are afraid to marry and face the uncertainty of being able to support a family decently. Why all the diseases due to the use of alcohol? Chiefly a money incentive, which keeps up the traffic.

True medical progress consists in something better than an endeavor to ascertain how many kinds of poison you can get into a person without killing him. Dr. Osler, an acknowledged authority of the regular school, mentions a long list of diseases, including pneumonia, typhoid fever, rheumatic fever, etc., in which he claims drugs have no beneficial effect, and as commonly used, do more harm than good.

If this be true, nurses trained in a knowledge of hygiene, dietetics and hydropathy would be more useful and less dangerous than physicians with strychnine, morphine, etc., in such diseases.

True medical progress should consist in the introduction of conditions and knowledge that would result in the prevention of disease. We cannot have this while we have the slums, ignorance and poverty on one hand and extravagant luxury on the other (the result of the scheme based on greed), and the mind and body destroying struggle for dollars.

"To insure good health we must live a natural life. The farther we get from nature—the more artificial our lives become—the worse is our health.

"The chief ends to health are pure air, pure water, pure and sufficient food, cleanliness, exercise, rest, warmth and ease of mind.

"The chief obstacles to health are impure air, impure water, bad and insufficient food, gluttony, drunkenness, vice, dirt, overwork, heavy labor, want of rest, exposure and anxiety of mind."

These disease producing factors are all encouraged by the present social scheme ,and would all be overcome and abolished by socialism. Socialism merely means a completely organized society (harmonized from an economic standpoint) instead of a mass of warring units, naturally tending to discord and disaster.

All the progress that has ever been made has been in the direction of socialism. The existence of civilization depends upon the adoption—in greater or less degree—of the socialistic or cooperative principle, and real civilizaton is only present to the extent in which this principle is applied.

One man, isolated, can produce only the barest necessities. Socialized or collective labor, using modern tools

(machinery), can produce an enormous surplus. Capitalism compels the workers to divide up the products, capitalists taking all the surplus except bare necessities for the workers and enough more to raise a fresh supply of the workers, of the various grades. (By murdering unborn infants, or working children like slaves, some money gain can be made.) Thus capitalists are enabled to largely monopolize the means of culture and other civilizing influences.

By socializing the products of labor (not necessarily giving everyone the same say, but according to merit), as well as production, it would only take a few hours each day to produce necessities and luxuries for everybody; and instead of keeping the majority of people everlastingly grinding out food, clothing, luxuries, etc. (and incidentaliv their lives), for Chinamen, useless idlers or South Sea Islanders, the extra time could be utilized in making better and more sanitary houses for all, and in recreation, mental improvement, etc., thus making conditions that are essential for health and long life.

To understand just how this can be done, and why other proposed remedies must inevitably fail to accomplish desired results, requires study. I suggest that every reader of this journal do a little reading on the subject. Send 65 cents to Appeal to Reason, Girard, Kansas, for the three "What Books," "Merrie England," and "The Jungle," in paper covers. Another excellent little book is "The Ideal Republic," by A. M. Dewey, special agent U. S. Department of Labor. Then if you desire to read further, send a two-cent stamp to Chas. H. Kerr & Co., 56 Fifth Ave., Chicago, and ask for their book catalogue. Better do this anyway, it will interest you. Doctors, get busy and find out what's good for you. Then if, after investigation, you find that you do not agree with the plan, you will be in position to talk intelligently on the subject.

O. C. Mastin, M. D.

Du Bois, Neb.

See reply by Dr. Speier in Rundschau, page 97.

PRICKLY ASH

The dried bark of xanthoxylm Americanum, the northern prickly ash and fagara clava-herculis, the southern prickly ash, are official in the U. S. P. (1905) and the average dose given by this work is 30 grains. It states that xanthoxylum should not be confounded with aralia spinosa which has slender prickles in transverse rows. The fluid extract is also official and the average dose given at 30 drops.

Brown in his work, "The Complete Herbalist," has the following to say: "The aralia spinosa or southern prickly ash differs from xanthoxylum both in botanical character and medicinal virtues."

Greer says the berries have similar properties to the bark.

Howard states that both bark and berries are very valuable but that the berries are best.

Leonard speaks of prickly ash containing berberine. Potter speaks of it containing an alkaloid xanthoxyline and says it is identical with berberine.

Waugh and Abbott in "The Text Book of Alkaloidal Therapeutics," have the following to say: "Xanthoxylin is a concentration from xanthoxylum fraxineum or Americanum the prickly ash. An alkaloid has been found in the bark closely resembling berberine and probably identical with it. This alkaloid has been identified in some xanthoxylum barks from South America."

Prickly ash has been used in medicine for several years. The oldest book that I have which mentions it is Thacher's

Dispensatory published in 1810. This old work mentions xanthoxylum clava-herculis, a prickly yellow wood or yellow hercules and states that it as a native of Jamaica and other tropical countries. It recommends it in dry bellyache, colic and epileptic fits. It mentions the xanthoxylum fraxinifolium or ash-leaved xanthoxylum and states that it grows in Pennsylvania and Maryland and xanthoxylum clava-herculis or prickly yellow wood and states that it grows in more southern states. It recommends the bark of this as a powerful remedy to promote the flow of saliva when chewed which it claims to relieve toothache. The tincture of the bark is recommended in chronic rheumatism. It states that the bark is used in the West Indies to wash and dress ulcers.

Waugh and Abbott in "The Text Book of Alkaloidal Therapeutics" say: "King used the berries for Asiatic cholera, * * * For painful bowel troubles the berries are preferred to the bark. * * * The bark, stimulant, tonic, alterative and sialagogue, while the berries are stimulant, carminative and anti-spasmodic acting especially on mucous tissues. * * * If there is any difference it would seem likely that the berries contain a carminative, volatile oil in addition to the special stimulant of mucous secretion which is present in both parts of the plant."

Leonard speaks of the bark as an arterial and nervous stimulant, diaphoretic, tonic, sialogogue and the berries as carminative, antispasmodic and locally as an irritant. He recommends the bark in rheumatism, flatulency, amenorrhoea, syphilis, hepatic diseases and the berries in cholera, chronic rheumatism and syphilis.

Dr. R. J. C. Hamilton, Professor of Laryngology and Rhinology, College of Medicine and Surgery of Chicago, says: "Prickly ash—a stimulant possessing a moderate quantity of relaxing power, is much valued for its influence on the glandular structures also the serous and mucous tissues."

The late Dr. John K. Scudder said: "Xanthoxylum bark a stimulant to the mucous membranes. Xanthoxylum berries stimulant to mucous membranes, carminative and antispasmodic. In flatulent colic, cholera morbus, Asiatic cholera tympanitis and chronic diseases of the mucous tissues."

Dr. W. C. Abbott says: "Xanthoxylin con., gr. 1-6, prickly ash, antirheumatic, diuretic and tonic; best stimulant known for mucosa generally; indicated in all departures from health; 1 to 6 or more every two to four hours."

Potter considers xanthoxylum both a local and systemic sialagogue and says it will cause profuse salivation. He recommends the fluid extract in doses of 10 to 30 minims with a gargle of the decoction in chronic pharyngitis. He also recommends it in jaundice from catarrh of the bile ducts, chronic rheumatism, myalgia, lumbago, constitutional syphilis, and the bark to be chewed for toothache and paralysis of the tongue.

In speaking of prickly ash bark, Dr. J. H. Greer says: "This agent is a decided stimulant and in power rates about midway between ginger and cayenne, although used more generally in sub-acute and chronic cases where persistent stimulation is needed. * * * Prickly ash will increase the flow of saliva and moisten the dry tongue often found in liver troubles. An irritable stomach will not kindly receive prickly ash which may even provoke vomiting in sensitive persons."

Merrell says: "Xanthoxylum bark—A diffusible stimulant will be found useful in the states of relaxation and hypersecretion present in choleraic diseases, dysentery and diarrhoea. In catarrhal gastritis, chronic dyspepsia combined with hydrastis and given after

meals. The same combination is also useful in convalescence from fever.

"Is successfully used to hasten the development of the rash in exanthematous diseases. Acts on the mucous and muscular tissues of the intestines and relieves tympanitis.

"Prickly ash has been used successfully in chronic rheumatism and is indicated in conditions of the system characterized by asthenia. Xanthoxylum berries, uses and administration same as xanthoxylum bark."

Prickly ash causes increased secretion from the stomach, intestines, liver and pancreas. It increases the heart's action and raises arterial tension. When xanthoxylum is given for rheumatic complaints it can be combined with phytolacca. Its alterative properties make it useful in scrofula and similar conditions. It has been used in atonic dyspepsia, gastric catarrh, jaundice from malaria, gastro-intestinal torpor, when there was deficient secretion, uterine cramps, neuralgia, all forms of nervous prostration, and all forms of vital depression, after pains, sacral pains, eruptive fevers to bring the rash out, cold hands and feet, and in various other conditions. It is a valuable remedy and should be better known.

The late Dr. M. C. Keith, a noted physician and author, said his father used equal parts of mandrake, culvers root, bitter root, skunk cabbage, prickly ash berries, lobelia leaf, pleurisy root, and lady's slipper, by infusion for fever. It would no doubt make a valuable compound for such purposes. Dr. Keith used it until he considered it specific for all kinds of fever but in later years objected to it because he quit using purgatives except in rare cases.

Prickly ash is a local and systemic sialagogue, arterial stimulant, diaphoretic, emmenagogue, carminative, antirheumatic, eliminant, nervine, chologogue, antiperiodic, tonic, diuretic, antispasmodic, stimulant, alterative, lactogogue, and the berries are antiseptic.

The dose ranges as high as a drachm.

JOHN ALBERT BURNETT, M. D.
Cecil, Arkansas.

PRACTICAL NOTES

In the case related by W. H., Missouri (p. 19, Jan.), if he will repeat his santonin treatment, or preferably use the little "worm remover" granules (A. A. & Co.), giving every third day for a week, skipping for a week and again repeating, and in conjunction with this, prescribe brucine, cicutine hydrobromate, and hyoscyamine amorph, one granule of each every night at bedtime for three months, he will cure his patient.

In quinsy, suppurative tonsilitis, two or three granules of chlorodyne dissolved on tongue and repeated as required will comfort the patient until the abscess can be reached by the knife.

For dry tickling cough, hyoscyamine, codeine and emetin in frequent doses will invariably relieve.

For shock, atropine sulph. 1-100 gr. hypodermically repeated in 15 minutes to half hour if necessary. Saline transfusion is of great benefit if continued in sufficient quantity to restore pulse to or nearly to normal. Morphine may be combined with atropine if there is much pain. In croup, give calcium iodized freely in hot solution. If stomach is full, give emetic dose of emetin repeated every 10 minutes for three doses. If no vomiting occurs, give apomorphine hypodermically. If patient is hot, dry, dyspneic, give pilocarpine 1-60 to 1-12 gr. according to age hypodermically and repeat in 30 minutes.

If tonsils show grey patches, give calcium sulfid and antitoxin in large dose.

In the stage of resolution of pneumonia, expectoration scant, secretion tenacious, give emetin and sanguinarin

nitrate, one granule of each every fifteen to thirty minutes until relief, then every hours or two. Combine with brucine in children.

If called in the early stages, give calomel in divided doses followed by saline laxative or castor oil, repeating the oil daily to produce one or two free motions. Cover the lungs with a cotton jacket, lining the jacket with a piece of flannel which is saturated with camphorated oil. Rub chest front and back with quinine ointment twice daily.

For the congestive stage, give veratrine if pulse is hard and full; if nervousness is present, combine with aconitine amorph.; to tone up the vessels of the congested area, add digitalin These form the combination known as the defervescent compound. If the case is asthenic, the veratrine should be dropped, and strychnine given in its place, with the aconitine and digitalin, in the combination dosimetric trinity. These granules must be given in divided doses to children, frequently repeated to effect and then gradually withdrawn. If stopped too quickly, the congestion returns rapidly, and the disease may then run its course through the several stages. This I have seen demonstrated more than once, and is good proof that pneumonia may be checked in its first stage. To say that an inflammation of the lungs may be absorbed but that classical pneumonia cannot be, is to state something that looks very much like an absurdity.

For the cough, codeine sulph. 1-12 gr. granule every half hour until relieved. For infants, the anodyne granule is of great benefit.

If the fever is stubborn, cold pack to the head, and base of brain, and sponging with tepid water the abdomen, legs and arms will assist the reduction by the granules.

The diet must be regulated, fasting the rule in the early stages, white of egg lemonade freely after the alimentary canal is emptied. Milk is not a good article of diet, either in this or typhoid fever. For older children, poached eggs, toast, broths, etc., may be given.

R. J. Smith, M. D.

Smithfield, Utah.

THE TREATMENT OF CHRONIC DISEASES

The study and treatment of chronic diseases is a subject that has been sadly neglected by the profession; only one work on chronic diseases has been published in the past 50 years, only a very few of our medical colleges have a chair on chronic diseases. The writer has given the subject considerable attention since 1870 and he has in mind the preparation of a work on chronic diseases. It seems to him that such a work is needed by the medical profession and if a large majority indicates to him that they would like such a work, it will encourage him to go ahead with it. If any of the readers of the Medical Recorder have a method of treatment for any chronic disease that has proved reliable in their hands, he would be pleased to hear from them and they will be given due credit in the book. A work published on the above plan would be invaluable to the busy practitioner as a work of ready reference.

Eli G. Jones, M. D.

New Brunswick, N. J.

Let us try to discard the idea that we are simply creatures of fate; that we can not rise above our positions; that there must be a special inborn spirit to make us go along. The will is a very special power. Cultivate it. We are free beings and we can use our minds for good or evil, just as we desire.—J. M. Schaller, M. D.

Providence is always on the side of the strongest battalions.—Napoleon.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

SOCIALISM AND MEDICAL PROGRESS.

The editor of the Rundschau has been placed under great obligations by Dr. Mastin for telling him what he really means and that he "expresses views, a belief in which is against the best interests of society." The writer has heretofore been conceited enough to think that he knew his own meaning pretty well and that he helped in a small way in the progress of society. But no one sees his own weaknesses as others do, and we must always be grateful to those who show them to us. But, really, does not our critic find in the passage to which he takes exception a meaning which is not in it at all? It doesn't even intimate, as he claims, what its author believes discoveries and genius to be the result of and does not say anything whatever about greed or money as an incentive to progress. Such interpretation is hardly fair and not just to the writer who yields to no man in appreciation of the altruistic work which the medical profession has always done, nor in endeavor to contribute to the advancement of the human race.

It is true that competition, as we have it in all branches of human activity, does not produce the best possible results, but would socialistic organization of society do it? Dr. Mastin's saying that "all progress that has ever been made has been in the direction of socialism. The existence of civilization depends on the adoption of socialistic or co-operative prnciples, and real civilization is only present to the extent in which this principle is applied" is an assertion not in harmony with known facts, nor the deductions of such profound thinkers as Herbert Spencer. If Dr. Mastin does "know positively, whether or not socialism is opposed to progress," let him give his knowledge to the world quickly, for the world is waiting for it. (Let us assume that he intended to say, whether socialism put into practice would result in hindering progress. For everybody knows that socialism as an economic theory aims for human progress.) The history of the race gives no example of socialistic organization on a large scale. Here and there sporadic experiments have been made in a small way and have all turned out failures. Schemes such as Bellamy's and others are beautiful dreams, impossible of realization, unless human nature undergoes a radical transformation.

Space forbids following Dr. Mastin through all the windings of his discourse in which he expresses some ideas to which nobody takes exception, while others are not altogether clear to the reader, or have no bearing on the subject. The Rundschau was not aware that the few lines which called forth criticism by Dr. Mastin contained "theories" and is grieved to learn further that these theories had so much wind in them that the writer could not help letting it out himself. Thank you, doctor, for your assistance in the operation. Do you happen to remember an old saying about people who live in glass houses?

THE CANCER PROBLEM.

The St. Louis Medical Review of December 2d, contains a critical abstract by Dr. R. L. Thompson of the discussion on the etiology of cancer by the Berlin Medical Society which extended over four meetings and in which the leading pathologists and clinicians participated. Our previously expressed

opinion that nothing new was brought out is fully confirmed. The only conclusion, according to Dr. Thompson, is that nearly all the best men who have worked on cancer do not believe in a parasitic theory. The main reason for this consensus of opinion is that such bodies, as are described by Schneller, Gaylord and others, as parasites admit of a different interpretation in their hands, and are found to be too diverse, unspecific, and artificial, to be classified with anything which in the present state of our knowledge can be considered as protozoa.

In the same journal is found an item which may prove a valuable suggestion. Sir Frederick Treves pointed out in a recent lecture that certain glands, notably the thymus, active only during the period of development, seemed, in some at present unknown manner, to limit or modify proliferative processes, which, in the absence of such control, tended to run riot. Cancer, a disease of later life, coincides with the deficiency of thymus control over the proliferation processes. It is not asserted that a causative relation exists between the two, but Sir Frederick is led to conjecture that the administration of thymus extract might prove of service in cancer.

In connection with this attention must be called to an article on the cure of cancer by Dr. C. W. Saleeby in Harper's Weekly of February 24th. The title of the article and the strange place in which it appears may make the medical reader a little suspicious of its aim. It tells of experimental researches by Dr. John Beard, lecturer on comparative embryology in the University of Edinburgh, who also considers aberrant germ cells to be the origin of cancer. The claim is made that pancreatic juice or its principle, trypsin, is destructive of the germ cells, trophoblasts he calls them. To prove this, he inoculated a number of mice with cells of a cancerous tumor, known as Jensen's mouse tumor. In all of them the specific cancer developed. Some of them were, after a certain length of time, injected with trypsin. When killed at different periods, in those injected with trypsin the cancer was found in different stages of retrograde development, while all the other mice died of cancer. A Dr. Shaw-Mackenzie has administered trypsin to human patients and he as well as Dr. Beard conclude that trypsin is the substance which will destroy the cancer cell with ease and without danger to the individual. Both these items furnish suggestions which may eventually prove valuable.

MEDICAL LAWS.

Dr. Beverley D. Harrison, for many years the efficient secretary of the Michigan State Board of Registration in Medicine, says in his last report, "With 5000 graduates yearly a surplus of over 2000 physicians annually is being thrown on the profession, overcrowding it, being directly responsible for many of the ills in the profession." This is, in the reserve of official language, an admission of facts well recognized by a majority of medical men. Few men will elect deliberately to make themselves outcasts from the honorable profession, to which they can have gained access only through years of hard study and severe examinations, by adopting methods and practices condemned by the profession. The ranks of the irregulars, the advertising doctors, the quacks, are being constantly recruited from that annual surplus which the medical colleges are turning out and from those whom the newcomers crowd out or deprive a large part of a scant livelihood. Laws cannot correct the evil. That was brought out at the last meeting of the Minnesota State Medical Association through a paper read by a former secretary of the state board of examiners in which he pointed out that medical laws had grown to be a burden on the medical profession far

more than on the quack. In the lively discussion following much applause was given to a speaker who, drawing conclusions from what had been said, voiced the thought that it was about time to do away entirely with such laws. Like complaints and criticisms come from many parts of the United States.

The partial relief promised by interstate reciprocity agreements is being made more and more illusory by hedging them around with a lot of unnecessary and burdensome red tape. For instance, the fee of $50 commonly exacted for a license under reciprocity is so far in excess of actual expenses, as to appear as a penalty imposed on the older practitioner (one of them is usually affected) for having the audacity to try to break into the sacred medical reserve of another state. It is unreasonable to demand of the man, who is regularly licensed in I——a and wants to move to M——n an itemized statement under oath of the hours devoted to lectures, laboratory and clinical courses, dissections, hospital courses, preliminary education, etc. The first board is expected to look to these matters before issuing the license. If it cannot be trusted to do this, it is unfit to come under the reciprocity agreement. Standards being alike, is not presentation of the license and a certificate of moral and professional character, together with a moderate fee, all that is really necessary? Lawyers do not find such restrictions necessary, doctors in France, Germany and other European countries are not subjected to them. Why are they imposed on American doctors? From former medical lawlessness we have gone to the other extreme and saddled ourselves with too many laws and restrictions. Beware, lest the pendulum swing back again!

MEDICAL TREATMENT OF APPENDICITIS.

Moosbrugger (Munch. Mediz. Wochenschr.) has obtained excellent results in both the acute and chronic forms of appendicitis by collargolum. In mild cases, where there have been pain and irreguarity of the bowels and tenderness on pressure, but without distention, he applies flaxseed poultices and gives a tablespoonful of a solution of 15 grains of collargolum in six ounces of water every half hour to an hour. In more advanced cases the dose of the remedy is doubled. In early cases there is prompt improvement in the symptoms, but in those further advanced treatment must be persisted in for a week. Many apparently hopeless cases are relieved by the energetic employment of the drug. In a series of seventy cases only two ended fatally, and in both diffuse peritonitis had set in before the treatment was instituted. The author says that the result of treatment justifies a favorable prognosis in cases which have not progressed to general involvement of the peritoneum, and in which general profound infection has not taken place. If the disease has just begun the collargolum treatment is quite as effective as appendectomy. Even in cases of abscess there is no necessity of urging early operation, as under this treatment infection becomes walled off, and there is less liability of infecting the general peritoneum when the operation is undertaken.

ADRENALIN AND COCAINE.

J. M. Berry (Amer. Journ. Med. Sciences) shows experimentally, that adrenalin not only does not protect the body against the toxic action of cocaine, but that it even tends to enhance the toxicity of the cocaine.

It is said that corsets will soon be unfashionable. If Dame Fashion says corsets do not look well and are not stylish, it will do more to stop their use than all the years of talking of the doctors.

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY
J. P. THORNE, M. D.
JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:
$1.00 Per Year in Advance; Single Copies, 10 Cts In the United States, Canada and Mexico. Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 9 MARCH, 1906 No. 3

DR. C. E. BOYNTON

C. E. Boynton, B. S., M. D., died suddenly, February 12th, at Redding, California, of heart trouble. He had been troubled for some time with hypertrophy of the heart but the end came suddenly. He was born at Groveland, Mass., in 1861, graduated from Amherst college, with a B. S. degree. He attended Syracuse Medical College from which he graduated in 1888 and then served for two years as resident physician at the Onandoga Almshouse and Insane Hospital. In 1890 he went to Wyoming, subsequently removing to Utah and California. He found that the high altitude of Utah interfered with the action of his heart. Dr. Boynton contributed regularly to a number of medical journals. Something from his pen has appeared in nearly every issue of The Recorder for a number of years. He always spoke his convictions freely and fearlessly, as his forcible opinions on many things of professional interest attest. Many of his articles were very practical, giving suggestions on treatment derived from study and experience. We have a number of his articles yet unpublished which we shall publish during the next few months. We quote the following from a letter to the editor from Mrs. Boynton, announcing his death:

"I am proud of his life as a Christian and man, but also proud of his life as a physician. He has often said, 'I'd rather be thought a rascal by the entire laity and be honorable with my confreres than to be worth a million and have it vice versa.'"

The physician who is competent to practice medicine in Wisconsin is competent to practice anywhere in the United States and should be permitted to do so without re-examination.

Some educators now say that a child loses so much that he has learned in school, during the long summer vacation, that he should have some mental work all through vacation. If these educators had their way most of the children would be helpless and worthless nervous wrecks by the time they were through school.

Fully half the population of this country lives in cities and towns. During the past few years the city population has rapidly increased. For the person of small means, the country affords a better and more healthful living, but the life and excitement of a large city seem to have a strange attractiveness.

The Doctor's Library

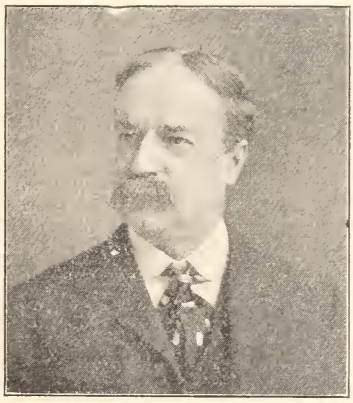
This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

THE PRACTICE OF PHARMACY. A Treatise on the Modes of Making and Dispensing Official, Unofficial, and Extemporaneous Preparations, with Descriptions of Medicinal Substances, Their Properties, Uses and Doses. Intended as a Hand-Book for Pharmacists and Physicians and a Text-Book for Students. Fourth Edition. By Joseph P. Remington, Ph. M., Pharm. D., F. C. S., Chairman of the Committee of Revision of the Pharmacopoeia of the United States; Professor of Theory and Practice of Pharmacy, and Director of the Pharmaceutical Laboratory in the Philadelphia College of Pharmacy; etc. Pages, 1504. Illustrated. Cloth; Price, $6.00. J. B. Lippincott Co., Philadelphia.

Prof. Remington's Practice of Pharmacy is one of the best known textboooks of pharmacy in the world and is used in every college of pharmacy in America. The first edition was issued twenty years ago and now we have the fourth edition, thoroughly covering the subject up to the present time.

Joseph P. Remington was born in Philadelphia March 26th, 1847. His father was Dr. Isaac Remington, a well-known Philadelphia physician, and his mother was the daughter of John Hart, who was the descendant of Townsend Speakman, one of the earliest Philadelphia apothecaries. Professor Remington's ancestors on both sides of the family have been residents of Philadelphia for three generations, and all of them have been members of the Society of Friends.

On January 1, 1863, he began his apprenticeship whereby he was to learn the art and mystery of the apothecary business. The store selected was that of Charles Ellis, Son & Co., the selection being made by Mr. Henry M. Troth, the son of Henry Troth, who played such a prominent part in the early affairs of the Philadelphia College of Pharmacy. Mr. Troth was the brother-in-law of Professor Remington, and it was through him that Charles Ellis, the head of the firm, who was at that time the president of the Philadelphia College of Pharmacy, took more than ordinary interest in the young ap-



J. P. REMINGTON, PH. M.

prentice. In those days the apprenticeship to the drug business did not consist in selling postage stamps and serving soda water and the business of Charles Ellis, Son & Co. at that time embraced an unusually wide range of work, including the spreading of adhesive plasters and the manufacture of many pharmaceutical preparations on a large scale. During his term of apprenticeship Prof. Remington attended the lectures at the Philadelphia College of Pharmacy, and the degree of Graduate in Pharmacy was conferred upon him at the Commencement of the College held in 1866. On January 1, 1867, Prof. Remington entered the service of Dr. E. R. Squibb, who was probably

the most painstaking and conscientious member of the pharmaceutical profession in this country.

His active participation in the affairs of the Philadelphia College of Pharmacy commenced in 1871, when he was invited to become the assistant to Prof. Edward Parrish, who then occupied the chair of Pharmacy in that institution. After the death of Professor Parrish, in 1872, Professor Procter, who was reinstated to the position of Professor of Pharmacy, which he had formerly occupied, retained Professor Remington as his assistant. These pleasant relations continued until the death of Professor Proctor, in 1874, Professor Remington being elected in March of that year to the full Professorship in Pharmacy. His progressive spirit and his sincere love for his alma mater have led him to constantly exert his efforts toward increasing the equipment and raising the standard of education in the institution with which he has ever since been associated. It was through his instrumentality that the method of practical instruction in pharmacy was inaugurated and brought to its present high degree of efficiency.

For many years he has taken a leading part in the American Pharmaceutical Association and the Pennsylvania Pharmaceutical Association and he is an honorary member of many scientific and literary societies in this and in many foreign countries. Prof. Remington has done a large amount of literary work during his active life. In addition to writing his Practice of Pharmacy, he has been for years the pharmaceutical editor of the United States Dispensatory and of Lippincott's Medical Dictionary and also editor of the cently issued eighth edition of the United States Pharmacopoeia. He has also added to the literature of pharmacy many valuable papers published in periodicals.

Prof. Remington's Practice of Pharmacy is a book for the pharmacist, the physician and the student. Every physician who has this classic work in his library refers to it frequently. The subject is considered in five sections. Part I. is devoted to descriptions of apparatus and definitions and comments on general pharmaceutical processes. Part II. is devoted to the consideration of the official preparations of the Pharmacopoeia, giving the method of making each. Part III. is devoted to inorganic substances, giving the physical and chemical properties, uses and doses. Part IV. treats of organic substances. This in addition to the vegetable drugs, includes the many synthetic preparations, the alkaloids and the products from animal substances. Part V. under the head of Magistrat or Extemporaneous Pharmacy considers the preparation and dispensing of medicines intended to meet the occasion and which are to be compounded at once. This section contains valuable chapters on incompatibility and on prescription writing which all physicians should read. Part VI. gives the formulary of unofficial preparations and the National Formulary in both metric and apothecaries' systems.

The volume is well printed, substantially bound and contains 809 illustrations.

Man and His Poisons. A Practical Exposition of the Causes, Symptoms and Treatment of Self-Poisoning, by Albert Abrams, A. M., M. D., Consulting Physician Denver National Hospital for Consumptives, The Mount Zion and French Hospitals, San Francisco, President of the Emanual Sisterhood Polyclinic, Formerly Professor of Pathology and Director of the Medical Clinic, Cooper Medical College, San Francisco. Illustrated. Pages, 268. Cloth, Price $1.50. E. B. Treat & Co., 241-243 West 23rd St., New York City.

Dr. Abrams is one of the most charming and instructive of modern medical writers and this volume, his latest work, will add to the high esteem in which the profession holds him. A few years ago auto-intoxication was a theory but today it is an established fact of importance. In this work Dr. Abrams tells what auto-intoxication is and how to treat it. His introduction to the book outlines its purpose so well, that we quote from it: "Although there is much concerning the subject about which we know little, and are not always sure of that, yet intestinal self-poisoning is sufficiently understood to furnish adequate data for its successful treatment. To one conversant with the subject, the contention of Bouchard is apposite—that man is constantly standing, as it were, on the brink of a precipice and continually on the threshold of disease. The human body is a receptacle and laboratory of poisons, and every moment of his life man is exposed to the danger of being overpowered by poisons generated within his system. Many bizarre and protean diseases owe their origin to self-poisoning, but so alluring has been the germ theory of disease that it has annihilated any initiative seeking the causation of disease from any other source. Nervous and mental diseases are often dependent on poisoning from the alimentary canal, and while such evidence is not always corroborated scientifically, the beneficial effects resulting from treatment based on this theory are sufficiently convincing. Many neurasthenics fully appreciate the observation of Hugo, 'It is nothing to die; but it is frightful not to live.' The sufferings of a neurasthenic are best portrayed by defining hell as a place where immortality is conferred on the nervous system. The tale of a neurasthenic reads like a patent medicine advertisement. The symptoms of self-poisoning are mainly objective, and for this reason are overlooked by the patient and disregarded by the physician. The author has endeavored to present in clear terms and in concise form the fundamental principles of the subject, and has therefore eliminated subject-matter of more interest to the theoretician than the practician. Special attention has been directed to the action of the sinusoidal current to show that its effects are dissociated with suggestion. Repeated reference is made to the principles of psychotherapy, for the mind is an important factor in influencing the body for weal or woe. The indifference of physicians concerning psychotherapy has called into existence may pseudo mind-cures. Dr. de Fleury in 'Mind and Medicine' says, 'In neglecting the systematic and scientific employment of mental influence in the course of disease, medical practitioners throw aside a weapon for combating it more powerful than all the drugs in the pharmacopoeia.' To eschew a remedy because we cannot gauge its material properties may be an act worthy of the scientist, but the aim of the physician is to cure his patient by legitimate means, however unscientific. It is the attitude of the scientist which makes it possible for the quack to thrive."

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Gynecology, Obstetrics, Neurology, Pediatrics, Orthopedics, Pathology, Dermatology, Ophthalmology, Rhinology, Laryngology, Hygiene, and Other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession Throughout the World. Edited by A. O. J. Kelly, A. M., M. D., Philadelphia. Vol. IV. Fifteenth Series, 1906. Pages, 312. Illustrated. Cloth, Price, $2.00. J. B. Lippincott Co., Philadelphia.

Each succeeding volume of this series seems a little better than the previous one, which at the time seemed impossible to surpass. This volume certainly is overflowing with the latest practical lectures and articles. Dr. Wm. S. Gottheil, of New York, contributes "The Treatment of Psoriasis," illustrated with a full page colored plate and four full page half tone plates. Drs. Hallion and Carrion, of the Paris Hospitals, present a thorough discussion of "The Therapeutic Value, and the Mode of Action of Physiologic Saline Solutions." "The Treatment of Some Common Gastric Disorders" is a very practical paper by Norman B. Gwyn, M. D., of the University of Pennsylvania, giving many excellent suggestions, valuable formulae and diet lists. "On the Internal Use of Carbolic Acid" is a clinical lecture by Moritz Benedikt, M. D., Professor of Nervous Diseases and Electrotherapy in the University of Vienna. He states that "carbolic acid acts as a powerful local antiphlogistic and absorptive agent. Because of these properties it has a valuable anodyne effect. It is an antitoxin, as proved by the influence excited upon chorea minor, articular rheumatism, and syphilis."

Dr. Gilbert Ballet, of the Paris Hospitals, has a short suggestive article on "Nervous Disorders in which Psychotherapy May Prove of Value." Dr. J. N. Hall, of the Denver College of Medicine, contributes "Empyema, with a Report of Thirty Cases," with eleven illustrations. Dr. Thomas R. Brown, of Johns Hopkins University, furnishes an exhaustive article on "The Thyroid Gland: Its Anomalies of Secretion and their Manifestations and Treatment." Dr. John B. Deaver, of Philadelphia, writes on the surgical treatment of diseases of the stomach. An interesting article is "The Study of the Clinical Course of Joint Tuberculosis by Means of the X-Ray," by Albert H. Freiberg, of Cincinnati, illustrated with twelve full-page plates. "Postoperative Surgical Neurasthenia, with Special Reference to Cases," is a lecture by E. M. Corner, F. R. C. S., of London. "A Study of Ectopic Pregnancy, with a Report of Twenty-seven Cases," is an instructive contribution by Thos. A. Ashby, M. D., of Baltimore. Of the 29 patients, 26 recovered and one died. Doctor Ashby states that ectopic pregnancy is a much more common cause of intrapelvic disease than has been supposed. Dr. Franklin S. Newell, of Boston, contributes "Sixty Cases of Extra Uterine Pregnancy." "Syphilitic Neuritis of the Optic Nerve" is the title of a clinical lecture delivered at the University of Paris, by Professor Louis Julien, Surgeon to Hospital Saint Lazare. "An Experimental Study of the Effects of the Roentgen Rays Upon the Blood-Forming Organs, with Special Reference to the Treatment of Leukemia," is a study in pathology by A. S. Warthin, M. D., Professor of Pathology, University of Michigan. The contribution occupies thirty-five pages and has twenty-three illustrations.

The articles referred to are only a few features of the book but they are enough to indicate that the up-to-date physician will find the book indispensable. The volume contains a large number of plates and illustrations.

The Physical Examination of Infants and Young Children. By Theron Wendell Kilmer, M. D., Adjunct Attending Pediatrist to the Sydenham Hospital; Instructor in Pediatrics in the New York Polyclinic Medical School and Hospital, New York; Attending Physician to the Summer Home of St. Giles, Garden City, New York. Illustrated with 59 Half-tone Engravings. 12mo., 86 Pages. Bound in Extra Cloth. Price, 75 Cents, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This is a small book but it contains more really valuable matter than many a large volume. The author has had a large experience as a pediatrist, which has enabled him to prepare a practical volume. We quote from the preface: "The physical examination of infants and young children is a subject in which nearly all the text-workers on pediatrics are deficient. The training of most physicians has been along the lines of the physical examination of the adult, and it is in the knowledge of physical examination of children that the average practitioner is deficient. We must forget and unlearn all the things we ever knew about adults when we come to the examination of children; they are an entirely different proposition. The great secret in the treatment of disease is to first make a correct diagnosis."

Some of the measures discussed are: History, the cry, temperature, weight, mensuration, inspection, palpation, auscultation, percussion, examination of blood, urine, stomach contents and sputum. The physician who reads this book carefully will find his work with children easier and more satisfactory.

BOOK NOTES

The Journal of Mental Pathology is an excellent periodical edited by Louise G. Robinovitch, M. D., 28 West 126th St., New York. The Journal does not contain a line of advertising of any kind and is an excellent example for our society medical journals to follow, which preach against proprietary medicines and then carry all the advertisements of them they can get.

The American Magazine, which for thirty years was Leslie's Monthly, has two especially interesting articles in the March number. One, "The Eden Makers," by Julian Helburn, tells of the remarkable things the United States Reclamation Service is doing; how it is making fit for cultivation a desert area of 1,900,000 acres. Under the caption "The Case of Mabel Parker," Arthur Train of the New York District Attorney's office tells the story of a slip of a girl who stole thousands of dollars through freehand forgeries, of her audacious defense in court, and how her husband swore that he was the guilty person in a vain attempt to save her. From the photographic side this number is well up to the standard which the American Magazine has been setting. There is a series of portraits of birds taken in their natural haunts.

Among the writers of fiction are Mary Choldmondeley, Charles Buxton Garing, George Randolph Chester, Margaret Burbee Shipp, Lynn D. Follett and John Worne.

McClure's Magazine for March opens with a strong article by Ida M. Tarbell on "Commercial Machiavellianism," in which publicity is recommended as the remedy for the commercial despotism of today. Ray Stannard Baker continues his "Railroads on Trial" and tells how railroads make public opinion. Anthony Fiala concludes his story of "Two Years in the Arctic," illustrated with his own photographs. Carl Schurtz continues his "Reminiscences of a Long Life." Stewart Edward White contributes another of his "Arizona Nights" Stories with a fine colored frontispiece illustration. Clara Morris gives some interesting recollections "Looking Backward." The number also contains short stories by Harney J. O'Higgins, Samuel Hopkins Adams, Ralph D. Paine, Alice Brown, Mary T. Campbell and Jeannette Cooper.

"The World To-Day" for March is another splendid number of this great magazine. Sir Henry Campbell-Bannerman, the prime minister of Great Britain, contributes "What is the Lib-

eral Policy?" telling what his party stands for. Charles Chaile-Long, former United States Consul-General and Secretary of Legation in Korea, tells "Why China Boycotts Us." "Birds that Nest in Colonies" is an interesting article by William L. Finley, illustrated with photographs in tint by H. T. Bohlman. "Measuring the Earth" is a very instructive illustrated article by Edward Marshall. James Spencer Dickerson writes on the recent great art exhibition of "The Society of Western Artists," illustrated with colored reproductions of some of the notable picures. "Deserted Ireland," by Plummer F. Jones, is an account of how the Irish abandon Ireland to come to the United States and of the consequences to Ireland. Frank A. Wilder writes on "The New Rival of the Steam Engine" and shows the importance of "producer gas" as an economical engine fuel. The biographical articles of the month are on Herbert S. Hadley, Walter Wellman, Joseph W. Bailey and Clement Armand Failleres, illustrated with full page portraits. The departments "Events of the Month" and "The Making of To-Morrow" are overflowing with good reading and illustrations. These are only a few features of the magazine which must be seen to be appreciated.

In a relentlessly outspoken article, "The Black Flag on the Big Three," in the March number of Everybody's, Thos. W. Lawson points out that the insurance companies are as corrupt as ever, and indicates the steps that must precede their real "purification." The current instalment of Charles Edward Russell's "Soldiers of the Common Good" is full of timely facts and anecdotes relative to the railroad situations in France, Italy, and Great Britain. Marshall Field, perhaps the greatest commercial genius of his day, is the subject of a brilliant illustrated article, based on intimate knowledge, by John Dennis, Jr. An illuminating contrast between the religion of today and that of a generation ago may be found in two articles by Vance Thompson and Eugene Wood. Science has authorized ghosts, says Mr. Thompson in "The Invisible World"—it has approved telepathy and clairvoyance: it has run a thousand psychic mysteries to earth. Meanwhile, the "exhorter" and the "circuit-rider," as is shown in Mr. Wood's "The Old-Time Revival," have had their day. How picturesque and sincere an epoch it was, this article shows. Fiction, poetry and pictures in great variety round out the number.

The leading article in the March Cosmopolitan is "The Treason of the Senate," by David Graham Phillips, the well-known novelist. This is the first of a series of articles in which Mr. Phillips will show the corruption of the senate and advocate the election of senators by the people. These articles will be of unusual interest and far-reaching in their effect. In this article the lives of the two New York senators, Depew and Platt, are laid bare. The article is illustrated with numerous portraits, one showing Depew's smile, which, according to Mr. Phillips, has cost the American people at least one billion dollars. "The Girl of the Middle West," is the subject of four full page colored drawings by H. Richard Boehm, with a short article by Elbert Hubbard. "What Life Means to Me," by Jack London, is the first of a series of articles to be published in the Cosmopolitan by important and successful men and women who will tell what life means to them and how they take it. Frederick Remington continues "The Way of an Indian" with his original illustrations. Ernest Crosby contributes the editorial, "The House of Dollars," as he calls the senate. The number also contains other articles, many illustrations and much good fiction.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

LATENT RHEUMATIC CONDITIONS

By J. R. Phelan, M. D., Oklahoma City, Okla.

Editor Oklahoma Medical News Journal

It is during the spring months more particularly that the physician is called upon to treat patients, who though not ill enough to be in bed, are not at all well. Their appetite is capricious, they sleep indifferently, or even if they sleep soundly they are not refreshed, and in the morning they are almost as fatigued and ill at ease as was the case on retiring. Upon awakening there is frequently an aching sensation in the loins, sometimes in the lower limbs, which may partially wear off as the day progresses, but there is at all times a vague, undefined, uneasy painful feeling.

The symptoms are very much like those experienced in malaria, but the causes are entirely different and a different treatment is necessary.

This condition arises from the fact that in the spring the eliminative functions do not present their usual activity owing to the torpor and locked-up secretions which have existed during the winter months, when the skin neglects its duties and the kidneys are overworked.

If the condition remains neglected the probable result will be sooner or later a pronounced attack of rheumatism or grippe in one or another of its forms. All that is needed to induce such an attack is a sudden change in the weather or the exposure on the part of the patient to cold or wet or to a combination of both. This is due to a latent rheumatic diathesis to which every adult is liable.

The necessity of a powerful eliminant in every prescription for rheumatism and grippe is self-evident. While antipyretics and anti-periodics may slightly stimulate the excretions and relieve congestion, thereby controlling certain features of the disease, a complete cure cannot be expected until the poisons are thoroughly eliminated from the system and the diseased organs enabled to resume normal functions.

In the treatment of all rheumatic, neuralgic and grippy conditions, tongaline, by promoting the absorptive powers of the various glands which have been clogged, and by its stimulating action upon the liver, the bowels, the kidneys and the skin, will relieve the pain, allay the fever, eliminate the poisons, stimulate recuperation and prevent sequelae.

CHRONIC AND RECURRENT COUGHS AND THEIR TREATMENT

Abstract of article by J. E. Alter, M. D.—In treating coughs we quite often encounter obstinate cases, which, no matter what combative measures may be instituted, will continue without abatement. Such cases are best classified as the chronic cough and the recurrent winter cough. Both of these classes are extremely obstinate in their course and yield reluctantly to treatment. They are usually of long duration, and, while not, in themselves, directly dangerous, may become so by inducing emphysema and bronchiectasis.

In the great majority of chronic and recurrent winter coughs, the basic trouble lies in a low form of inflammation of the bronchial mucous membrane, especially that of the bronchioles.

In many cases I have used codeia, but lately I have been having much more success with another derivative of opium, i. e., heroin. In comparing the results obtained from the use of these two drugs, I notice that heroin will not constipate the patient, nor will it have the stupifying effect characteristic of codeine. Another advantage possessed by heroin is that it is effective in young children, in very small doses.

I had been accustomed to prescribe heroin alone, but about a year ago, my attention was called to a preparation of that drug—glyco-heroin (Smith). Upon giving it a good trial I found that it gave me better results than obtained when heroin alone was given, and much more quickly. Glyco-heroin (Smith) has one distinct advantage over plain heroin in that it can be given for a long time without ill effects, and in the class of patients in question this is, indeed, a most important feature. During the past year and a half I have treated a number of cases and recurrent winter coughs with glyco-heroin (Smith) and have obtained uniformly good results.

Example.—A. L., salesman, aged 28. I saw this patient early in the spring of 1903. He is robust and of good habits. He consulted me concerning a constant cough which had troubled him for over a year. It was usually worse in the morning and after meals, and accompanied by expectoration of thick muco-purulent matter. Sometimes blood-stained, and especially so after a severe paroxysm. This circumstance preyed upon his mind considerably—he thought he had consumption. I learned that he had had a severe attack of acute bronchitis during the spring of 1902 and had been coughing ever since. Physical examination examination excluded tuberculosis. The diagnosis was chronic bronchitis, sequential to acute. The patient was immediately put on glyco-heroin (Smith) and hygienic measures ordered. Here the financial conditoin of the patient precluded change of climate. In addition to the glyco-heroin (Smith) the patient was given syrup of hypophosphites as a tonic. I did not see him again until last October. He then reported himself absolutely free from cough. He continued taking the glyco-heroin (Smith), and, during the present winter, has not experienced any return of the trouble. In this case a complete cure was effected by means of quieting the cough and stopping the irritation of the mucous membrane, in this manner allowing the restorative powers of the body, aided by the tonics and good hygiene, to accomplish a cure.

Example.—Miss R. M., aged 24, teacher. This lady had been coughing ever since she was ninteen years of age. At that time she had had an attack of rheumatism with a complicating bronchitis. After the acute condition had moderated, she continued to cough, the cough being very annoying in character, spasmodic and prolonged. After each paroxysm she was left in a state of exhaustion. During the attacks she urinated involuntarily. On examination she was found to have chronic bronchitis, aggravated by exceedingly irritable condition of the respiratory tract. The mere odor of cigar smoke was sufficient to induce a paroxysm of coughing. In treating this patient it was necessary to devote attention to the neurasthenia as well as the chronic bronchitis. She was placed on a diet and her mode of living regulated. Arsenic, strychnine and iron in pill form were given. For the cough I ordered glyco-heroin (Smith). The improvement was marked and rapid. The general nervous condition became much improved and the cough grew much less severe and gradually lost its spasmodic character. At the present time it amounts to but lit-

tle more than a "clearing of the throat." This case, more than any other, demonstrated the excellent properties of glycoheroin (Smith). The quick relief afforded was surprising and no more gratifying to the patient than me.

FACTS ABOUT TUBERCULOSIS

Tuberculosis has engaged the attention of skilled observers for many years, but while great progress has been made in respect to its pathogenesis and prevention, the additions to our therapeutical knowledge are alas but few. Of the myriad remedies extolled at one time and another in the treatment, only two have resisted the test of experience and are still currently employed, viz.: lime salts and creosote. Both were at first employed empirically, but the use of each has since been scientifically explained and justified. The pronounced demineralization of the organism that has become a "tuberculous soil" is a fact only recently demonstrated, but the unduly rapid loss of phosphate of lime is now an important diagnosic sign of the so-called pretuberculosis period. Hence the importance of compensating this loss by appropriate means. The action of creosote in broncho-pulmonary affections, though still largely empirical, is one of the less unquestionable and hitherto the only hindrance to its universal use been the difficulty of introducing it into the organism in sufficient quantities without setting up local irritation. Nothing could be more logical than to associate these two remedies into a pharmaceutical form that allows of their persistent administration without risk of gastric intolerance. The secret of the successful administration of creosote lies in its extreme dilution, but, simple though this discovery may appear, the credit thereof belongs to M. Pautauberge who has emulated Columbus' famous feat. In this solution the lime is presented in the form of chlorophosphate since lime salts can only enter the circulation when thus transformed. Associated with creosote the solution is readily miscible with water in all proportions and when taken with food, it never causes gastric intolerance and is promptly absorbed. The tonic and antiseptic properties of the creosoted chloro-phosphate of lime solution are applicable to all conditions of depraved nutrition and constitute an admirable prophylactic treatment of tuberculosis in its multiple forms—pulmonary pthisis, struma, rickets, etc., and in promoting restoration to health after debilitating diseases. In ordering this preparation it is indispensable to prescribe Pautauberge's solution with creosoted chloro-phosphates of lime, which alone fulfils the special conditions of dilution and assimilability.

A NEW PREPARATION

For the treatment of septic and inflammatory conditions should hold great interest for the physician and surgeon, particularly when the article has been subjected to tests and trials which have demonstrated its efficacy with such positively beneficial results as to make certain that it is entitled to a prominent place in the category of drugs which the physician considers absolutely necessary in the treatment of diseases which are most frequently met with in practice. Extravagant statements concerning the action of a remedy do not establish confidence in its influence. Nevertheless, the seemingly marvelous results following the use of this new preparation have led all physicians who have tried it to express in the most positive and enthusiastic manner, their astonishment at the benefit obtained by its use.

This remedy is a combination of echinacea, thuja occidentalis and bap-

tisia. It is placed upon the market under the name of Eusoma. Dr. Finley Ellingwood, of Chicago, Therapeutic Gazette, May 15, 1905, says of echinacea: "Its field covers the entire range of organic infection. Blood poisoning in all its forms is met more promptly with this remedy than with any single remedy or combination of remedies. In septicemia the promptness of its action has surprised every physician who has yet prescribed it. If it had no other influence than that of antagonizing direct septic infection, this would be sufficient to class it as of first importance among specific remedies for this purpose." While Dr. A. B. Matthews, of Elberton, Ga., in a paper presented to the Medical Association of Georgia, April, 1904, says: "Echinacea does play a part so marked in its influence upon the character of the blood as to be well worthy of the title 'a corrector of dyscrasia.'"

Eusoma, therefore, is a preparation which should be of use in the daily work of every physician. Full information and sample may be obtained by writing the manufacturers. The Eusoma Pharmaceutical Co., Cincinnati, O.

A PLEA FOR THE TABLET

"In the first place, compared with pills, tablets have no insoluble coating nor, when properly made, have they any insoluble excipient added to their composition. For example, antikamnia tablets are made by simple compression, and therefore, if the secretions of the human system affect the medicine administered, it is bound to be absorbed in the quickest possible time, which is always an advantage. Comparing tablets with capsules, greater accuracy in dosage is assured, as experiments have proven. For example, forty tablets of bisulphate of quinine, made on a machine, adjusted to five grains each, weighed 199¾ grains on a torsion balance. The most careful druggist knows it would be impossible to do this in filling capsules. The objections some have to tablets is readily overcome by crushing them before administration and we are glad to know that the antikamnia people take the precaution to state that when very prompt effect is desired the tablets should be crushed or chewed. Antikamnia itself is not unpleasant to the taste, and the crushed tablet can be placed on the tongue and washed down with a swallow of water. It so frequently happens that certain unfavorable influences in the stomach may prevent the prompt solution of tablets, that this suggestion is well worth heeding. This, however, does not apply to antikamnia tablets, for they disintegrate at once, as soon as they come in contact with moisture. Drop a tablet in a glass of water and be convinced of this. Proprietors of other tablets would have better success had they given more thought to this question of prompt solubility. Antikamnia and its combinations in tablet form are great favorites of ours, not because of their convenience alone, but because of their prompt and uniform therapeutic effect."—The Journal of Practical Medicine.

ALKALOMETRY

There are men who say, when asked why they do not practice alkalometry (active-principle therapy) that "they have not the time to learn this new thing." This state of mind is an error a bar to progress. If they really think so they either totally misunderstand the method or else they are unwilling to take even the least trouble to improve the statis of their therapeutics. There is not the slightest trouble to learn the use of the active principles. The same uses to which you would put ipecac or digitalis, and be uncertain of the result, are served by emetine

and digitalin, with certainty of result, to say nothing of the elegance of form economy of cost and satisfaction of the patient. If you use the tincture of aconite or the fluid extract of hyoscyamus you really give them for the effect of the aconitine or hyoscyamine supposed to be contained therein, but you know that you cannot give either with the certainty that the effect you desire will follow—that the dosage in the number of drops or the portion of a teaspoonful that you give is absolutely certain as to active-principle content.

Alkaloid pharmaceutic dynamics calls for the extraction from the leaves, roots, seeds or bark of a plant (whatever part contains its active principle) the substance which makes the plant valuable for our armamentarium and if that alkaloid, resin or concentrate is divided into mathematically exact doses and these doses are offered to the doctor in the shape of soluble, elegant tablets or granules which please the eye and do not offend the nose or taste and can be depended upon to do the same thing upon every occasion, who can say that our method of alkaloidal therapeutics is not an improvement upon prior conditions?

Alkalometry and its promotors are responsible, too, for another advancement in therapeutics that is fixing itself upon the professional mind as few things have in this last century of progress—namely the doctrine and rationale of "clean out—clean up and keep clean" as applied to the alimentary tract wherein lies the source of all disease. Just so long as the system is smothered in its own toxins so long will there be sickness and that we may realize these conditions we must see to it that the sewers are flushed and that the food ingesters are properly taken care of and that the glands of the body work as they should work, that equilibrium takes the place of dis-equilibrium as it does. This is thoruoghly and speedly accomplished by the use of small and repeated doses of calomel, sometimes with the addition of podophyllin, followed by magnesium sulphate in effervescent form, with the sulphocarbolates to follow. The best preparation of magnesium sulphate on the market is "Abbott's Saline Laxative" and of the sulphocarbolates the W-A Intestinal Antiseptucs. These, with proper dieting and strychnine arsenates q. s. or in anemia or following protracted illness the Triple Arsenates with Nuclein will accomplish what it is essential to accomplish Cito, tuto et jucunde.

Literature on these various phases and especially on the "clean out—clean up and keep clean" will be supplied on request.

CYSTOGEN-LITHIA TABLETS

This effervescent tablet is of interest to physicians as it affords the means of employing the uric acid solvent and genito-urinary antiseptic properties of cystogen augumented by the alkaline and solvent action of the lithia salt. The value possessed by the salts of lithia as uric acid, solvent, diuretic and ant-acid are available in this preparation. It is a most happy combination, displaying all of the desirable effects of both cystogen and lithia. The effervescence brings about a quick solution in water, producing a perfectly tasteless solution. Water that is too cold retards the effervescence. It may therefore be conveniently taken at meal time in a glass of water. In cases where this method of administration is contra-indicated, it may be taken between meals, always dissolved in considerable water. These tablets being effervescent need to be protected from atmospheric conditions, and for this reason are packed in glass tubes containing one dozen tablets in each. Three tubes are packed

in a small cardboard box. A tube may be conveniently carried in the vest pocket, so that patients may be expected to take the medicine with regularity. Samples supplied to physicians on request to the Cystogen Chemical Company, St. Louis, Missouri.

WORTH KNOWING

Two or three Papayans Bell, crushed and beaten with one-half ounce of good olive oil, and taken before meals, will increase weight in any wasting condition more satisfactorily than anything else. This has been proved conclusively by many experiments and we are willing to send, gratis, to any physician, enough Papayans Bell to allow him to satisfy himself of the fact. Pure olive oil, only, must be used and the Papayans thoroughly beaten with it. For emaciated, constipated, nervous dyspeptics and consumptives this preparation is of particular value and we are very anxious that its value be known by physicians generally. For samples of Papayans Bell address, Bell & Company (Inc.), 68 Murray St., N. Y. City.

BLOOD FOOD

To feed the body and starve the blood is like pouring water through a sieve. If the blood is thin and weak, the digestive power of the body is weak. Why feed it food that it cannot take care of? Feed the blood with peptomangan (Gude) (iron and manganese in a predigested and easily assimilated form) and the whole body is strengthened and reorganized, and the digestive tract will promptly perform its normal function. The already weakened stomach is not compelled to do extra work; pepto-mangan (Gude) is immediately taken up by the blood and does not produce any gastric disturbance.

Great interest is manifested by the profession just now, and rightly, in the nostrum evil—the practice of promoting secret, ready-made prescriptions for the doctor to use as the manufacturer advises, all of which has a distinct degenerative effect upon the profession as a scientific body of thinking men. The Abbott Alkaloidal Co., always alive to the best interests of the physician and obviating, in their idea, any excuse for all this, offer to the profession standard active principles which the doctor can apply, singly or in combination at his own discretion—dispensing or prescribing, as he may prefer. To any practicing physician who will send ten two-cent stamps and mention this journal, they will send a neat pocket case containing six vials of the essential (most useful) active principle—the smallest and neatest emergency pocket case ever made—just fits the fob-pocket, and but little larger than your watch. See their adv. on page xxviii.

Dr. J. T. Newman, of New Orleans, La., in a paper on "The Selective Action of Sanmetto upon the Genito-Urinary Apparatus," says: "I have used this remedy (sanmetto) in all forms of cystitis and other affections of the urinary apparatus, but I desire more particularly to call attention to its value in chronic prostatitis, which occurs more especially among old men; and I can truly say, without exaggeration, that in my hands it has especially selective action upon the prostate. I am sure that any medical man, who will give sanmetto an impartial trial, will become convinced of the truthfulness of this assertion."

Battle & Co. have just issued the ninth of the series of twelve illustrations, of the intestinal parasites, and will send them free to the physicians on application.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. IX APRIL, 1906 No. 4

Leading Original Articles

PHYSICS OF THE X-RAY.

By Gordon G. Burdick, M. D., Chicago, Illinois.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor of Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

(Continued from page 79 March Recorder)

LEUCOCYTHEMIA.

This is an exceedingly fatal disease in which medicine has been of no avail and runs a very rapid course. The white blood corpuscles are enormously increased and a peculiar anemia is present that suggests the grave condition of the patient. The cause of this disease is not known so we have only theories to account for the condition.

Physicians can imagine the astonishment in our laboratories when we found that the X-ray had a profound effect upon this disease, and that an enormous spleen would disappear in a few weeks under this mysterious force; astonishment followed by regret in the earlier cases owing to the prompt return of the tumor and a delayed fatal termination of the case. Immediately a series of experiments was commenced in order to improve the technic and prevent the usual recurrence. A closer study was made of both the physiological and pathological facts that could be gained from animal experiments, and the post mortem table, from which we learned that it demanded an X-radiation over the entire body, and moreover that the radiations must be of a powerful type with short shifting exposures so that every part of the body would be well rayed at least once a week. Since adopting this technic I have had two cases that are now alive and well one year after treatment was stopped.

The effect of the ray in this disease should put at rest the absurd statements made from time to time by "clinic" operators, that no effect of the ray can be had below the surface. If operators do not get an effect from the ray beneath the skin they are at fault and not the ray, as it is perfectly possible to produce an internal burn without effecting the skin in the slightest degree. This can be accomplished by regulating the electro-motive force of the apparatus so that the desired degree of penetration is present, and then increasing the distance of the tube from the skin, using a greater amount of current to compensate for the loss of energy at the desired point, caused by the distance from the tube. Many operators seem to think that no change in technic is necessary

and invariably treat a skin lesion and a deep seated cancer with the same tube, being guided only by skin toleration. As I have pointed out many times before, it is not the ray that passes through a diseased area that does the work, but the ray that is absorbed by the tissue that modifies physiological processes. The ray must come at rest within the tissues where we expect results, and this can be calculated to a nicety by proper attention to the apparatus.

It is intensely interesting to watch the effect of the ray upon a bad case of leucocythemia presenting itself with a spleen filling the entire abdomen, with the leucocytes enormously increased and an extreme feebleness, and with much distress in the abdomen; the application of the ray soon brings relief of pain and a steady diminution in the size of the spleen, while the white blood corpuscles gradually decrease in number. If when the spleen is reduced one-half the treatment is discontinued things will remain at a standstill for a few days, when an increase of both the spleen and leucocytes begins again. As soon as the treatment is resumed the growth is checked and the absorption of the spleen continues. When it has reached its normal proportion it is necessary to give supra-renal extract three times a day in order to insure some permanent benefit. Good results have not followed the use of iron or arsenic in my hands, but I have seemed to get good results from small doses of chloral hydrate. The first five cases of this disease had recurrence and died, two of them relapsed three times, and the two that I have mentioned before have apparently made a complete recovery and show no disturbances of the blood making organs. While thousands of these cases exist, and physicians admit they can not do any thing for them, I have been able to get only seven cases in as many years, and for this reason have not been able to ascertain if the improved technic, or favorable conditions gave me my success in the last two cases. The effect of the ray is so remarkable in this disease that all X-ray operators should use it by all means, as success has been obtained by other operators in different parts of the world and unquestionably the treatment will show better results with farther study.

ELEPHANTIASIS.

This parasitic disease has been found to be very susceptible to radiations, and a few months is sufficient to kill off the parasites and reduce the parts to normal proportions. Improvement is noted in about ten days and continues steadily until a complete cure has taken place. No tendency to recurrence has been noted.

The technic involves the use of a low tube of one inch penetration, moved daily over the infected area for about sixteen days, followed by the use of a highly pentrating ray to promote absorption.

LEPROSY.

It was hardly expected that the X-ray would be of any service in this terrible disease, and when the first few cases were treated the diagnosis was doubted so strongly that it was not deemed good policy to report them, and they were supposed to be tuberculosis, which at times resembles leprosy so closely that experts are often in doubt of its true character. The first case that appeared in my clinic at the Post Graduate Medical School, January 6, 1902, was a Chinaman with the ulcerous type upon the face. Considerable time was spent in confirming the diagnosis, and as soon as it was ascertained that the diagnosis was correct he was treated at the close of the clinic by special appointment, and to the surprise of all of us a rapid recovery took place, and in a few weeks he was well. It seemed too good

to be true and we questioned our own success. The case was watched for several months subsequently with no recurrence. By strenuous endeavor I succeeded in finding one other case in which the American physician diagnosed tuberculosis while the Chinese insisted it was leprosy. This case responded as well as the first to the X-radiations; but have been unable to persuade any more to come for treatment, though there are quite a number in Chinatown. This work has been carried out lately on a larger scale in the government laboratories in Manila where the disease is very common. If in this disease the X-ray shall have been found a specific it will only go to confirm the opinion of old operators that it is in the most hopeless and seemingly fatal diseases that the ray is useful, having little or no effect upon ordinary diseases that are susceptible to drug medication.

BRIGHTS DISEASE.

There is much experimental evidence that in the X-ray we shall find a very useful method of treatment; numerous cases of the disappearance of albumin and casts are reported by different operators where the patient was submitted to X-radiations for some other trouble. As far as I know, no case of Bright's disease has ever been treated by the ray, probably owing to the fact that cases of this kind rarely find the X-ray laboratories, but two of my cases go to confirm my judgment that it is useful. A gentleman who had a bad infection of sycosis around the waist, evidently contracted from a waist band in a bath house, came to me for treatment and at the same time was suffering from an aggravated form of Bright's disease for which he had been taking the baths in order to obtain relief. He was submitted to the X-ray for several weeks, until the sycosis was cured and I was surprised to learn of the total disappearance of both albumin and casts; he was much improved in health, and went west three months afterwards and I lost trace of him. The second case was psoriasis complicated with Bright's disease; he was under treatment for several months with the disappearance of the psoriasis, albumin and casts, no recurrence noted after six months when he also passed from my observation. Numerous other operators have noted the same phenomena and it may be that in the X-ray we have a desirable method of reaching this condition satisfactorily. Any operator who has a case will confer a favor upon the profession by submitting it to treatment and reporting the results.

HYPERTROPHIC PROSTATE.

It has been proven that the ray has an effect upon all hypertrophied tissue causing a retrograde tissue metamorphosis or atrophy of glandular tissue. Many cases have been reported of its successful use in this disease, and in my own practice I have seen two cases that have been markedly relieved while treating a tubercular fistula of the perineum, also a remarkable result was obtained in a fibroid tumor while the case was under treatment for tubercular peritonitis. A large myoma of the uterus had shrunk about one-half in size while the patient was undergoing radiations. Other operators have reported the same results and unquestionably it does have a selective action upon fibroid tissue, and would repay farther study along this line.

LYMPHOMA.

The X-ray is possibly the most satisfactory treatment we have today for this condition. A lymph tumor will disappear rapidly under continued radiations and numerous cases have made a complete recovery under this treatment, and no reason exists why it should not become an established therapeutic measure.

TIC DOULOROUX.

The analgesic effect of short powerful exposures as used in skiagraphic work has given relief of several months duration. No good is accomplished by prolonged treatment, but an exposure from a powerful machine capable of making a hip joint exposure in ten seconds at the full capacity of the apparatus will many times give relief lasting several months at a time. I have noticed this same analgesic effect while trying to locate stone in the kidney in large people where it is necesssary to make more than one exposure at the extreme limit of the apparatus. One case in particular will explain the conditions that were present.

A physician who weighed 325 pounds was afflicted with a pain in the right side, of so severe a type that opium was necessary to enable him to keep about. The analysis indicated stone and he was referred to one of our local surgeons for an operation. The result of an operation in a man of this type was not contemplated with satisfaction and he was referred to me for a skiagraph. Three exposures were made, and the last one indicated a stone the size of a pea in the kidney; he was free from pain within one hour after the exposure and has remained so for two years.

This paper will conclude the radiotherapeutic treatment of disease for the time being and considerations of some of the dangers attending its use, to both operators and patients, and will be followed by the consideration of other forms of energy, as used in the treatment of disease.

(To be Continued.)

Place yourself in the middle of the stream of power and wisdom which flows into you as life, place yourself in the full centre of that flood, then you are without effort impelled to truth, to right, and a perfect contentment.—Emerson.

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

(Continued from page 83 March Recorder.)

REPAIR OF THE CERVIX.

Perineal restoration may be accomplished with local anesthesia under any circumstances, but the operative work upon the cervix demands a mobile uterus which may be drawn down to the vaginal entrance. The presence of an inflammatory process or the previous existence of such a condition may make it impractical to draw the cervix downward. Where a decided vaginal or pelvic inflammatory process exists the operator should overcome this condition to a marked degree before operating. An inflammatory process confined to the vagina may be quickly overcome by applications of astringents and antiseptics. Where the womb and the tissues about this organ are involved the overcoming of the condition demands considerable time.

The physician when called upon to treat inflammatory processes involving the uterus and adnexa should be careful as to his prognosis. A suppurative inflammation involving the fallopian tubes will respond very slowly to medicinal and local treatment and until relieved the patient is likely to suffer a great deal at short intervals. If the patient is not averse to an operation which demands the sacrifice of the uterus and the adnexa, removal of these organs may be the quickest way of securing relief although it may not be by any means the most satisfactory. Where an infection has involved the uterus and adnexa, medicinal and local treatment are not hopeless, in not a few instances such treatment in time resulting in a satisfactory cure.

Where the patient suffers from an in-

flammation of the vagina strong applications of solutions of silver nitrate are very useful. With a speculum the vaginal walls from the cervix down are painted with this solution. The strength may be varied from one to five per cent. Should it cause much discomfort the parts should be mopped with a weak solution of salt. This painting should include every portion of the vaginal walls. At home the patient should use douches of the commercial zinc sulfate. This preparation should be ordered in quantities and the patient should use from one to three teaspoonfuls to the quart of hot water. The douche should consist of at least two quarts and preferably three quarts. Not less than four douches daily and if the inflammatory process involves the uterus and tubes six douches daily should be insisted upon. The douche strength should vary according to the discomfort it causes: some patients cannot bear the solution stronger than a teaspoonful of the salt to each quart. The patient will object to such frequent douching and the use of so large a quantity at each douche but the faithful carrying out of such instructions should be insisted upon. Many other agents are recommended for use in douching these cases and for topical applcations. I have found no agent nearly as efficient as the zinc salt. Its faithful use will overcome the most severe and stubborn vaginal and uterine infections, and many tubal infections ultimately yield to its use. Where the patient suffers a tubal inflammation colic is a symptom which causes a great deal of distress. The patient is harassed for hours or even days with intense colicky pains. As the patients suffer greatly they are very much discontented under these circumstances. Some agent must be used to alleviate the colic during attacks. For this purpose nothing equals codeine in doses sufficient to overcome the pain. This agent should be given in one-fourth or one-half grain doses and the dose should be repeated at short intervals until the desired effect is produced. This agent is given by most practitioners in entirely too small a dose by the month. It will require several grains in broken doses to control the pain of tubal colic and as the patient becomes tolerant to the drug the dose must be increased. The preparation should be dispensed by the practitioner and care taken to see that the patient does not suspect the nature of the drug. Little fear need be felt of causing a drug habit where a reliable codeine preparation is used as the drug causes none of those effects which are responsible for addiction to such agents as morphine, cocaine and the like. The great frequency of inflammatory conditions involving the pelvic viscera renders the subject one of interest to the practitioner. Many of these cases are treated in a haphazard manner by the practitioner with little hope of securing an actual cure, yet if certain forms of treatment are carried out conscientiously, striking results may be obtained. The treatment with tampons saturated with various agents has always been in my hands much less satisfactory than the method outlined. The use of tampons without douching seems to have little effect where the use of the douches without tampons seems to be quite as effective as where these latter are used.

(To be Continued.)

This ambition not to be satisfied with little things is characteristic of men of great fiber, and it had a great deal to do in shaping Beecher's career. If he had had an ordinary ambition, he never would have been the power in the world that he was—he never would have become one of the first preachers in the world. A stream cannot rise higher than its fountain-head.—"Success Magazine."

TREATMENT OF URAEMIA

By J. W. Crismond, M. D., Anderson, Indiana.

Uraemia is not a substantive disease, but it is rather a group of nervous phenomena dependent on a variety of renal lesions and also obstructions which interfere with the normal functions of the kidneys. Some of the remote causes are nephritis, cancer, tubercule , suppuration, pregnancy, oliguresis and anuria. The immediate cause of the nervous phenomena is the retention in the blood of excrementitious substances normally excreted by the kidneys, or when there is interference with the secretions or discharge of the urine.

Symptoms: The dramatic nervous derangements under the tragical influence of the toxaemia are many and various manifestations, as nearly all of the nervous functions may become involved in uraemia. The leading or most pronounced cerebral and mental derangements are drowsiness, stupor, coma, and delirium. The sensory functions present headache, either frontal, vertical or occipital. In chronic uraemia the headache is most commonly occipital, frequently extending down the back of the neck on either side. Again, there are dimness of sight or actual blindness of one or both eyes, sometimes attending albuminuric retinitis, or in some cases without retinal lesion; tinnitus aurium and sometimes deafness.

If the symptoms are more threatening, the headache is likely to be frontal. In this location also the pain is more intense and constant, as a rule. All grades of severity may be observed as to these headaches; sometimes the pain is excruciating, most commonly so in the supraorbital nerve.

The most prominent disorders of the motor functions are involuntary muscular twitchings or general convulsions; the tendency to vomiting, and not infrequently extreme dyspnoea. Diarrhoea is sometimes present and should be regarded as an effort of nature at vicarious elimination.

Intense itching of the skin is sometimes present and may cause the patient to scratch himself, even when in a semicomatose state. The dyspnoea will often assume the clinical picture of asthma; it is worse at night and is sometimes accompanied by sibilant rales, which are followed by more or less expectoration.

Insomnia is another prominent and persistent condition met with in uraemia. "Air hunger" is another intolerable symptom associated with uraemia, and is due to spanaemia. There are three forms of uraemia recognized, i. e., the comatose, the convulsive, and the mixed; less frequently met with are the delirious, dyspnoeic, ocular and articular. Acute uraemia occurs with angina pectoris, pulmonary emphysema, chronic endarteritis, as well as with the different forms of nephritis.

Rapidity of onset characterizes the acute form which may be ushered in with headache, giddiness, more or less disturbance of vision, vomiting or delirious excitement; then again it may be unattended by premonitory symptoms. The face is devoid of color and assumes a deathlike pallor; the pupils react slowly to light and are dilated or unaltered; again, the conjunctiva may be injected with contracted pupils. The breathing may be accompanied with a hissing sound caused by the force of expired air as it impinges against the hard palate or teeth. A most frightful and rapid succession of attacks accompanies the acute convulsive form as they are often sudden with or without warning and may prove rapidly fatal. The symptoms simulate those of epilepsy, and may be attended by loss of consciousness, and may be confined to certain groups of muscles, and thus simulate tetanus. These attacks may be five or six, or even more in the course

of twelve hours; these attacks may prove rapidly fatal, or the patient may come out of them and enter upon apparent recovery.

Treatment: The first and most imperative duty that commands attention and action is elimination of the poison by re-establishing the functions of the kidneys, the integument and the alimentary canal. The means by which this is accomplished consists of applying cups, leeches or poultices over the loins, and administering bland but positive diuretics, such as potassii citras, leeches, scoparius, eupatorium purpureum and diuretin. For eliminants to the bowels, magnesia sulphate, given in full doses and in just enough water to hold it in solution, comp. jalap powder, elaterium, or its active principle, elaterin. The choice of the special cathartic should depend on the urgency of the symptoms; but the best results are obtained in all cases from the action of hydragogues.

The union of diuretics is most useful, combining those that favor filtration, with those that stimulate the renal cells in removing solids, thus securing more thorough depuration of the blood. The combination of digitalis with neutral salts of potassium, sodium, or lithium, best answer the purposes in acute cases. In non-inflammatory states of the kidneys, it is best to employ drugs that both stimulate the renal cells and act as vaso-dilators on the renal vessels; such as juniper, squill, scoparius and eupatorium purpureum.

To relieve the crippled kidneys of a great burden and to hasten the elimination of the effete material, we will do well to turn our attention to the emunctories of the skin by applying with vigor the agents that will produce thorough diaphoresis.

For this purpose we have at our command the hot-air baths which should be brought into immediate requisition by seating the patient in a chair with a perforated seat under which an alcohol lamp is placed, the flame being covered by a piece of sheet-iron to protect the patient and diffuse the heat. Around the patient and chair are wrapped several thicknesses of blanket to retain the heat. Profuse diaphoresis may then be induced and maintained as long as desired. With more comfort to the patient, especially if weakness is marked, is to administer the hot-air bath while the patient is lying in bed. To expedite the diaphoresis, a hot infusion composed of asclepias, xanthroxylum and jamaica zingiber may be freely administered to the patient. You will find this to be a very valuable addition. Of all agents that I have used to modify the toxicity of the blood, the sub-carbonate of iron is the remedy par excellence. It not only acts as a repressant on the nervous system, but it prevents or lessens the intensity of the convulsions.

It speedily relieves the headache, nausea and other most unpleasant symptoms. It also acts as an oxidizing agent on the effete materials with which the blood is so charged. Another important point which is worthy of remembering is that the ingestion freely of fluids will modify the uraemic condition by diluting the blood and thereby rendering the effete products less toxic in their influence on the organism. To control the convulsions, inhalations of chloroform or ether may be used as they modify the violence of the muscular contraction. The chloroform is more efficient and must be used with caution. As soon as the convulsions pass off, a full dose of chloral hydrate should be given preferably in peppermint water, or in a little port wine. Should this succeed in postponing the attacks, the impression should be kept up by the administration of small doses. Should the convulsions be violent and occur in rapid succession, and the general condition of the patient is good, not having been previously enfeebled by chronic disease, venesection is to be resorted to without hesitation. Morphine is an ex-

tremely dangerous drug to use in these cases, and yet it is highly recommended by some for the relief of uraemic convulsions.

There is a strong prejudice against the use of opiates in these cases owing to the fact that even small doses have been known to cause death when administered to patients with diseased kidneys. However, so eminent authority as Dr. Loomis has formulated the following conclusions:

First—That morphine can be administered hypodermatically to some, if not to all patients with acute uraemia.

Second—That the almost uniform effects of morphine so administered are first to arrest muscular spasm by counteracting the effects of the uraemic poison on the nerve centers; second, to establish profuse diaphoresis; third, to facilitate the action of cathartics and diuretics, especially the diuretic action of digitalis.

The above dicta may seem plausible and enticing, but to me, from a therapeutical point of view, it is both paradoxical and illogical.

Insomnia and nervous twitchings of the muscles that so often accompany uraemia, which demands our earnest solicitation for the welfare of the patient must be met and conquered not with opiates, but with agents that will quiet and calm nervous agitation and produce sleep, which is in harmony with nature's methods, is a task that will call into action our most intimate knowledge of remedial agents. I have obtained the happiest results by the use of the following prescription:

℞

Ext. cypripedii fl. . . . . ʒjss.
Ext. scutillariae fl.
Ext. valerianae fl. a a. . . ʒss.
Sodii bromidi . . . . . ʒij.
Syrup zingiberis q. s. ad. . . ʒiv.

M. Sig. Teaspoonful in an ounce of hot water every two hours.

For splanaemia and its sequence, difficult respiration, cuprum arsenite 1-50 grain in tablet, immediately after each meal.

CONCUSSION OF THE BRAIN AND FRACTURE OF ARM AND RIBS

By F. F. Casseday, Ph. B., M. D., Minneapolis, Minn.

A man forty years of age, while reaching over a moving belt on a gasoline engine, was caught in the belt and thrown against the balance wheel, and then by breaking of belt slammed upon the ground. Injuries sustained were concussion of the brain, fracture of six ribs on right side, and fracture of humerus at surgical neck. There were no signs of a fracture of either outer or inner table of the skull, and no symptoms indicating fracture. Patient was unconscious for about two hours, and when consciousness returned was dazed, excited, and talked in a rambling manner. Fracture of arm was dressed by placing pad in axilla, splint to outer aspect of arm, and broad roller bandage around arm and body, and reversed over shoulders. There was a contused wound above and slightly behind right ear. No external indications of injury to spine in the way of bruises. Progress of case was uneventful, except for excited condition and insane talk. On 8th and 9th days temperature reached 99 and 100 Fah. Before and after that time it was normal, and was not subnormal at any time. During second and third week as his physical condition improved his mental condition grew worse. He knew all his friends and the family, and would answer questions intelligently, but when not engaged in conversation and mind diverted, he was talking incessantly and reciting all kinds of fairy tales.

During the fifth week his insane talk

grew less boisterous, he became more quiet, and would sleep naturally without quieting medicine. A few days ago he took French leave of the hospital, slipping away from the attendants, and returned to his home. He has recovered his strength and appears in good spirits at this time—five weeks after the injury, though he still has insane delusions. He is comparatively quiet and tractable.

The outcome of this case is problematical, as far as the mental condition is concerned. The fracture healed kindly, and the arm is in fine condition.

I am convinced there was no fracture of the brain case in this case, but a violent concussion of the brain. The severe blow which he received on the head, in addition to the rapid whirling motion he took while fastened to the running belt, was equivalent to a fall from quite a height. The commotion of the skull contents from this blow was sufficient in this case to injure the brain. While the injury to the brain was not sufficient to cause a hemorrhage or effusion, yet it was sufficient to affect the mind, and for this reason his mental condition may not improve. He will probably live on the border line of death or violent insanity and general paralysis, as excitement or exposure to the sun in hot weather may set up cerebritis or cause a hemorrhage.

There was not at any time any paralysis of motion or sensation. During the third week the pupils were stationary, being either contracted or dilated for several hours at a time, but this condition rapidly improved, and pupils became normal and responsive to light. The reflexes were normal.

The favorable symptoms in the case were absence of fever, absence of delirium, recognition of friends after consciousness was fully restored, complete control of bladder and bowels except for portions of three days, and absence of paralysis.

The unfavorable sign as far as complete recovery of his mental status is concerned is the extremely slow mental convalescence, this pointing to permanent changes in brain tissue, which may preclude or prevent complete mental recovery.

It is interesting to note in connection with concussion of the brain that concussion may occur where patient falls from a height and strikes on the feet, side, or buttocks, the head showing no signs of direct injury. Cases of supposed brain concussion have also occurred, where post mortem showed either effusion or injury to the spinal cord, and brain intact. In spinal injuries seriously affecting the cord there would of course be impairment of motility and sensation, but it is well to bear in mind that these symptoms might be so slight or masked as to lead to the impression that the principal injury was to the skull contents.

The blow on the side of head was a glancing one, otherwise he could hardly have escaped a fracture of the base of the skull by transmitted force, this fact probably saving his life.

MANAGEMENT OF THE UMBILICAL CORD

By E. N. Ritter, M. D., Williamsport, Pennsylvania.

Too frequently, the entire care of the infant after birth is devolved upon the monthly nurse, even the dressing of the umbilical cord.

The majority of obstetric work in all communities is done by the general practitioner. These busy practitioners seem to consider the usual method of treating the cord as proper and quite satisfactory.

The most frequent method of dressing the cord is this: A piece of old, scorched linen, about four inches square, with a hole cut in the center and mut-

ton tallow applied upon its under surface; the cord is passed through the hole, then the linen is folded over the cord so that it is completly covered. I must admit that the great majority of newborn infants appear to do well under the regulation treatment. Indeed, all cases should do well if proper attention were given to the first dressing of the cord.

Koplik says: "The umbilical stump is an open wound receptive of infection, and the great danger is that the septic process may involve the vessels and general septicemia result.

The umbilical cord may be normal in appearance and still at autopsy the perivascular tissue is found infiltrated and the arteries containing thrombi. After death there has been found in infants with an apparently normal cord, parenchymatous inflammation of the liver, kidney and spleen, with foci of suppuration in the joints."

Eroess, in 1891, made a careful study of the cases in the Budapest clinic. He tabulates that the process of separation was pathological in 68 per cent of cases, and in the cases affected with fever 45 per cent were due to navel infection and were attended with serious illness and sometimes death resulted from septic infection.

Before the cord is severed especially if it is very thick and vascular, seize the cord near the abdomen with the left hand, then with the right hand strip the Wharton's jelly away from the abdominal walls. When stripping or tying the cord avoid pulling on the abdominal walls. My ligature is common wrapping twine sterilized, it is neither too thin and liable to cut through the walls of the blood vessels, nor too thick so that sufficient compression is impossible. After severing the cord the infant should be wrapped in an aseptic receiving blanket, and placed to one side, until the third stage of labor is completed and the mother properly cared for after its completion.

After the infant's adeps bath, the cord is folded upon itself and again tied near the abdominal walls to prevent a possible hemorrhage by lessening the immense muscular action produced by the umbilical arteries on the inside of the abdominal cavity. A dry sterile piece of gauze five inches square with a slit in the center of one side, is placed on the abdomen around the stump and the cord placed to the left, then dusted freely with salicylic acid one part, and powdered starch five parts. The ends of gauze are now folded over the cord covering it completely. This dressing is retained by a flannel bandage wide enough to cover the abdomen, in order to prevent slipping but not too tightly pinned. If this dressing is permitted to remain dry the stump will fall off between the third and fifth day, according to the size of the cord.

If this dry dressing is allowed to remain wet from urine, or the monthly nurse applies some greasy substance to the cord which she deems too dry, then instead of the desired desiccation, there will occur decomposition of the stump and inflammation may extend to the navel and produce a local or general septic condition.

The nurse should be forbidden to examine the cord after it is dressed, except in the presence of the attending physician, as I believe septic troubles often arise from meddlesome intervention.

The cicatrix should be protected by a bandage during the first few weeks, thus avoiding a strain when the infant cries, coughs or is handled carelessly and thus preventing an umbilical hernia.

I have employed this method for twelve years and have never had any complications attending this treatment.

It is the perpetual effort to attain the ideal that enlarges the whole life. The moment the ambition begins to wane, or tends to become sordid or selfish, the individual begins to shrivel.—"Success Magazine."

TABES MESENTERICA

By W. C. Buckley, M. D., 1705 N. 15th St., Philadelphia, Pa.

This affection differs but little from chronic peritonitis except that it is invariably associated with the tubercular cachexia, and consists of an invasion and final destruction of the mesenteric lymphatic glands. A more significant term for the condition would be abdominal phthisis. The infiltration of the lymphatic glands not only destroys the gland structure but also arrests the flow of chyle through the lymph channels in the mesentery. Infants and young children are the principal sufferers from this very serious and practically fatal remedy.

The changes which take place in the lymph glands will vary with the severity of the infection. In instances in which the course is slow, the change is principally of a fibrous nature; in others a caseous degeneration may follow, thus reducing the gland substance to a pulpy mass; still others may undergo calcareous change.

Symptoms.—Pain in the abdomen which may or may not be preceded by indications of general failing health; the appetite fails or may be capricious; the bowels loose and with pronounced fetor; there is fever usually associated with intense thirst. Soon the abdomen becomes enlarged, the walls tense and tympanitic, and pressure causes intense pain. The facies are quite characteristic, the lips highly colored, the angles of the mouth are studded with minute ulcerated patches, or the entire lips may be fissured; the face grows pale or sallow and takes on an expression of anxiety; the skin dry and hot; the pulse accelerated, the weakness and emaciation rapidly takes place due to the obstruction of the chyle ducts. The size of the abdomen does not increase as much as does the tension, which, however, may relax for a time. When the tension diminishes the abdomen yields a doughy sensation on palpation. The superficial abdominal veins are enlarged and the skin becomes rough, and often presents a dirty appearance. As the disease advances the child is reduced to a state of extreme weakness and emaciation and dies the result of exhaustion or from pulmonary or cerebral complications (tubercular) or both.

Diagnosis.—This diseases may be confounded with simple diarrhoea, especially in strumous children. Careful attention must be given to the history in each case, and every symptom viewed wtih the greatest care. In incipient hydrocephalus the symptoms may simulate those of tabes mesenterica. In the former, however, the cerebral disturbance is greater, nausea and vomiting are more constant, also there is usually a flattening of the abdomen in contradistinction to the distension.

Treatment.—If possible the child should be removed to the country or a change to better environment. Bathing, night and morning, followed by brisk rubbing with salt and alcohol and finally with olive oil inunctions in the evening. The diet should consist of milk to which lime water has been added, and fats, preferably in the form of an emulsion; very good preparations of emulsions of mixed fats are now to be had on the market. The juice of raw, or slightly cooked beef is of equal importance when there is need of variation in diet. On account of the feeble circulation the body of the child should be warmly clad, preferably in flannel. If there is fever, aconitine, one granule (1-500 gr.) for every year of the child's age, dissolved in 24 teaspoonfuls of water, may be given one teaspoonful every hour or two according to the degree of fever. If there is head pain and vomiting atropine sulphate and veratrine may be added to the above in the same proportions. For abdominal pain and tympany the application of a

spice plaster containing a little quinine and a few drops of tincture of capsicum; this should be kept moist with dilute alcohol.

Regulate the bowels with the veratrine and the neutralizing mixture, with the idea of combating the diathesis, some form of iodine, of which I prefer the iodized calcium (Abbott). Add to this the tonics as neded by the nervous system—neuro-lecithin, nuclein and the arsenates of iron, quinine and strychnine.

The iodized calcium may be given in doses of from one to three grains, according to the degree of toleration by the patient, three times daily. The compound granules of the "triple arsenates" form a very convenient method of administrating these drugs, one granule of which may be given three times daily.

MARRIAGE AND CELIBACY

By J. L. Wolfe, M. D., Cedar Falls, Iowa.

The divine ordinance, marriage, is the holiest and most exalted of all institutions. Page upon page could be written if time permitted and necessity demanded, in borrowing from the books of the bible and existing canons of heathen races, to prove that the purposes and rites of matrimony which have not only been encouraged, but imposed by the deity, have received the active endorsement of all civilized nations and the approval, even of the pagan. The most highly cultured and progressive people of the world, are those under whose government marriage is sanctioned by religion, and imposed by law for the purpose of procreating children and the legitimate indulgence of the sexual desire. Good government is representative of good families, and we hold in supreme contempt the social iconoclast who proclaims the futility of the marriage bond, and the institution of matrimony. The obligations of marriage are manifest, mutual and peremptory. Though a civil contract, it is a divine ordinance wisely instituted for the enjoyment of the highest human individual happiness, and as such, is the keynote in the prosperity of nations. It is alike, the keystone in the national structure of moral obligations which create wholesome government, and the one who would attempt to break down the barriers which preserve the purity of the domestic hearth, commits as great a crime against society as he who would shatter the institutions of the state. If matrimony has incomparable pleasure, it also has its obligations, and the married of both sexes should so conduct themselves that they need fear nothing from the searchlight of publicity, which should only throw into greater prominence their degree of purity and honor.

As marriage was especially designed for the legitimate procreation of children, and the consummation of the obligations of the sexes, we believe that all men and women should marry when they arrive at the age of legal maturity. The human race is so constituted that the longer marriage is delayed, the more universal does prostitution become. This is an evil to be eradicated and not perpetuated, and every man who honors woman, should enter a crusade against the empty fictions of an ill-advised teaching which by the advocacy of delayed marriage, encourages the so-called social evil, and condemns a contingent of unhappy creatures to a shameful and most pitiful calling. Celibacy is neither natural nor advisable. Bodily needs demand satisfaction, and celibacy is contrary, both to natural law and biblical teaching, and men and women realize that if they desire to be in complete harmony with nature, they must necessarily be husbands and wives, and fathers and mothers. If further proof were wanting that wedded life is the most natural condition, statistics, which represent facts and not theories, show that the average

life of the unmarried is shorter than the average life of the married. The unmarried are less vigorous, and they age more rapidly.

Celibacy from a physical standpoint, has much to answer for. Undue continence, sooner or later, provokes disease and spermatorrhea in the male, and hysteria in the female are visible results. The fact that late marriage can never be generally practiced, need not be seriously contemplated. We advocate early marriage as the offspring of early marriages are more robust and vigorous than children born to parents of middle age. Woman was constituted to complete the domestic happiness of man, and the relation which exercises the greatest ascendancy over mankind is undoubtedly the domestic influence. The attraction of the sexes towards each other is of such a nature that if not legitimately met by marriage, it is not slow to leave an undesirable legacy, evinced by a lowering of the higher qualities.

On the other hand, the man who is happily married, discovers that there is no state of life comparable to it; it promotes peace of mind and supreme contentment, and encourages a man to successfully combat with the trials of the present, and stimulates him to nobler achievement.

That unhappy marriage exists, is not disputed; we are only considering the great advisability of marriage from an abstract view of the question, and must be contented to deal in generalities only. Upon the subject of matrimonial disappointments, there is much to be said from a physiological standpoint, in which connection it may be most positively asserted, that a large proportion of marriages which have turned out unhappily are almost entirely due to a lack of proper information upon the subject of sexual obligation and physiology, which should be imparted by parents or medical men previous to marriage.

One of the most important of all unwritten laws is that no man should marry until he has the warranty of medical authority that he is physically qualified. There are few men, who at one time or another, having been guilty of unnatural abuse of physical laws or sexual excess, but have injured their generative organs, and any disease of the latter, even of the mildest and most partial character, should form an inseparable bar to marriage. The perpetration of such a crowning act of inhumanity as the wedding of an innocent woman to a man afflicted with sexual neurasthenia or blood poisoning, and incapable of procreating a sound offspring, cannot be too severely denounced.

The victim to some form or other of derangement of the genital organs in ninety cases out of a hundred, unless the disease is of an acute nature, may be quite unconscious of his weakness. He may indeed feel healthy, but at the same time be sterile. As one of the chief aims of matrimony is the propagation of the species, and as every married man looks forward to the time he can lay claim to the proud title of parent, his chagrin when the time passes by and his wife remains childless, leads to the blame being placed on the innocent woman instead of being rightly charged to her husband. While it is true that many women cannot bear children, owing to uterine or ovarian disease, it is none the less a fact that in a great number of cases the husband is entirely at fault. It has been asserted by statisticians, that the average of one man out of every four has some disease of the genito-urinary organs. Hence, no man should ever unjustly accuse his wife of barrenness until he has demonstrated his own fitness, which can be accomplished through an examination by a competent physician.

The first requisite for competent thinking is attentive and accurate observation.—Annie Besant.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

TREATMENT OF ANOREXIA

But few physicians can treat anorexia very successfully. Most of them know how but this like many other things when called on to treat it they forget just how to do it. One of the main things in getting experience in practice is to learn not to forget what you know when it is needed and to not use too mnay remedies in mixtures or in alternation thinking if one fails the other will hit it. That shows that the prescriber does not know just what to give or that he has but little confidence in the remdy which he thinks indicated and is afraid to risk his reputation on it. I suppose the combination of iron, quinine, and strychnine is used more often for anorexia than any other remedy or compound. It usually gives good results. But strychnine is a drug which should not be continued very long and often it is contra-indicated. It is my opinion that strychnine is used entirely too often and about as much harm is done with it as it does good. Iron, strychnine, and arsenic mixture is also used very extensively, also iron, nux, and arsenic and this begins to sound more like it especially for those who practice in malarial localities. Nux vomica can be continued for a long time without doing much harm and I think it should always be used in place of strychnine when it is necessary to continue the remedy. Hydrastis is a good bitter tonic and has a good influence on the stomach. It will soon relieve distress in the stomach when combined with pepsin. Many old physicians used a compound of hydrastis and pepsin for most all stomach troubles and it will soon give temporary relief in most cases. This compound has been used so much in some localities that the laity will ask for it. I have been asked for a few doses of goldenseal and pepsin more than once. Goldenseal should not be given in very large doses and continued very long for it will disturb the stomach. Hydrochloric acid is often used to increase the appetite and in many cases if alternated with nux and iron it will do the work. Papayotin is of value in some stomach troubles. Dr. Waugh in the text-book of Alkaloidal Therapeutics has the following to say on it: "It acts at any temperature and in either acid, alkaline or neutral conditions though it acts more quickly in alkaline solutions. It has no action on the body when taken into the stomach, simply digesting the food and nothing more. Its power as a universal digestant of all forms of food render it widely applicable."

There are many other remedies which are of value in the treatment of anorexia.

J. A. Burnett, M. D.
Cecil, Arkansas.

MISCELLANEOUS NOTES

Dr. Clendenen, of Chicago, recently wrote me in part as follows: "We fully agree with your ideas expressed in Medical Summary in regard to the use of cold bath in the treatment of pneumonia and typhoid. I have watched some of our young doctors using cold baths in our hospital in this city and have noted the frequent visits of the undertaker. We treat typhoid wtih antiseptics, cleaning the skin daily with an alkaline warm bath. We use sedatives where indicated and meet conditions as they arise. We never use cold applica-

tions in typhoid or pneumonia. A favorite with us in pneumonia is the mush jacket. An excellent thing in pneumonia is an emulsion of turpentine, six drops of the drachm. It is a Sampson in typhoid as well. But mush and turpentine are not esthetic enough."

Another letter, this one from the noted and erudite Dr. Waugh, says in part: "By the way, there is one subject which seems to me might be discussed with advantage. I notice in the proceedings of the Illinois State Medical society that several speakers seeem to value antitoxin in diphtheria so highly that they were unwilling to listen to anyone who even in the mildest possible manner suggested that any other treatment was of any possible use. Most of us are apt to run to extremes in our views, but this seems to me an extreme which leads to death to those cases which are too far advanced for antitoxin. If you agree with me in this subject I think there is room for useful discussion of it."

It was this same spirit that persecuted Harvey, who had opinions which he dared to promulgate. The "other side" of the diphtheria question is often shown up by conservative men like Dr. Waugh, but it is little heeded. Everyone wants to be on the popular side. In the medical parade, as in our juvenile days, we want to be up near the band-wagon. My experience and education are too limited for me to pose as an iconoclast or even a good "knocker," even though I desired to be either. I will not be so foolish as to question the fact that antitoxin has some efficacy. The fact, however, that it must necessarily be used early in order to get results rather shakes our faith. What are the bad cases going to do? I do not wish to attempt a discussion of this subject, suffice it to say that I think that systemic treatment, unlocking the secretions, producing elimination, stimulating, sustaining and nourishing the patient are of as much importance as the specific treatment.

Vasculin is a product which has given me much satisfaction in spinal erethism and allied conditions. It is a derivative of eupatoreum purpureum. Vasculin in teaspoonful doses is an excellent sedative to the spinal cord and meninges in a number of conditions. Among them we may mention la grip, prostatic and urethral irritation, ovarian and uterine reflexes, rheumatism, nervousness and neurotic conditions in general. The after-effects are benign and leave no damaging effects upon the secretions. It is an excellent preparation for the class of ailments and conditions named.

There is a good deal in the idea that mystery adds to the efficacy of medicine and medical treatment. A physician in Paris a few years ago found the patches on the bosom of his pants were becoming painfully conspicuous. He was struck by a bright idea (which many of us are never troubled with). He secured an office in the most miserable of latin quarters. He dressed like a savage and his goings and comings were attended by mystery. He pretended to shun publicity and an audience with him was gained with the greatest difficulty. These unusual actions served the purpose of singling him out as being a man of mystery—and mystery wtih many is synonymous with wisdom. People soon flocked to him and his business became highly remunerative. Jealous rivals had this man arrested as an impostor. At the trial the judge asked him why he was pretending to be a doctor. In answer he produced a diploma from a creditable medical college and stated that he knew a good portion of the people would rather patronize some one masquerading under the veil of a mysterious ignoramus than to seek the services of an intelligent physician.

W. T. Marrs, M. D.

Jewett, Illinois.

ACTIVE PRINCIPLES IN HEART DISEASE

In cardiac hypertrophy, or in acute attacks of dyspepsia or syncope, glonoin one two-hundred and fiftieth to one one-hundred and twenty-fifth of a grain on tongue will relieve rapidly, being absorbed almost as quickly as through a hypodermic injection.

For palpitation or acute dilatation, quiet nervousness with camphor monobromide and lithium monobromide, and sedate circulation with aconitine amorphous 1-134 grain every fifteen to thirty minutes. If pulse is irregular with cardiac oppression, give a hypo of morphine and atropine, with ice-bag to precordium, sinapisms over pneumogastric nerve at angle of jaw on either side. If bowels are sluggish give rapidly-acting purge as elaterin or croton oil. If palpitation occurs in sthenic subjects give a granule of veratrine, dissolved, every ten minutes until relieved, and if apoplexy threatens bleed freely. Follow up these plethoric cases with thorough elimination. In the chronic cases of hypertrophy, give the iodides freely. Calx iodata should be an excellent mode of administration of iodine.

Prevent overfeeding and too free drinking at meals. If indigestion is at fault, correct it. Elimination in all cases is essential. Examine urine often. Treat every case of palpitation, removing the cause, for often these cases run into chronic heart trouble. In anemic cases, iron arsenate and iodide, or the triple arsenates or iron, quinine and strychnine with nuclein should be given for prolonged periods.

Palpitation of tobacco origin is relieved by cactin, also that of coffee. Caffein is indicated in weak, nervous hearts, capsicin in alcoholics.

In valvular diseases, cactin is often sufficient to relieve the milder attacks, but later the stronger cardiac tonics such as digitalin, convallamarin, sparteine will be necessary. Digitalin is indicated in the state of "broken compensation" of mitral disease with pulse fast and of low tension. For the cough of valvular disease, the chlorodyne granule is excellent, relieving the distressing hack until digitalin has time to correct the extreme leakage. Give infusion digitalis for direct effect in commencng dropsies, or cyanosis, with digitalin at same time for heart tonic| This drug should not be given in overcompensation, hypertrophy. Give sedatives as aconitine, or veratrine instead and eliminate.

In endocarditis of the specific diseases, rest in the recumbent position must be enforced, placing an ice-bag over the precordium to restrain overaction. If fever is violent and pulse bounding give veratrine 1-134 gr. every fifteen minutes until relief is evident. If pulse becomes irregular and of low tension, give digitalin 1-67 gr. every hour until regular. For pain and cough, codeine, hyoscyamine amorph., or even morphine until relieved. If pain is acute and stabbing give bryonin also. For nervousness cicutine hydrobromate is excellent.

For the infective element, calcium sulfid given freely is decidedly beneficial. In endocarditis of rheumatism salicylic acid 1-16 to 1 gr. every hour, and thorough elimination with rest will benefit.

Diet must be highly nutritious, assisting digestion with artifical digestives.

R. J. Smith, M. D.
Smithfield, Utah.

It is perfectly thinkable that somewhere in the universal store-house of life and mind that there are facts, ideas and thoughts, laws, forces and powers that cannot be conceived by the brain of man as it exists at present.—E. E. Carey.

PRINCIPLES OF SOCIALISM

We often think or speak of certain individuals as holding certain opinions or beliefs, when it is frequently the case that the opinions or beliefs hold them. And people will express and strenuously defend opinions based on a superficial knowledge of a given subject, and violently oppose antagonistic beliefs that are sound and logical, being based upon a deeper study and wider knowledge of the subject.

Most, if not all the objections to socialism and most of the criticisms are founded on a misconception of modern, scientific socialism. Bellamy's scheme, as outlined in Looking Backward, is not socialism. Co-operative colonies are not socialistic, while the army and navy, police force, public schools, mail service, fire departments, publicly owned railroads, etc., are all socialistic, and all in successful operation, on an extensive scale, either in this or other countries. The following definition will show the distinctioin between socialism and Bellamyism. Socialism is a social and political program that proposes:

1. The collective ownership of the greater material means of production and distribution.

2. The democratic organization and control of industry.

3. The substitution of a co-operative in the place of the present competitive system.

4. Private property in personal income and of wealth pertaining to the private life.

5. The collective ownership and operation of any institution or enterprise necessary for the common welfare of the nation or community.

6. The organization of an independent political party distinct from and opposed to all capitalistic parties, for the capture of the powers of government in order to put the above principles into operation.

In the last analysis socialism is a demand for elemental justice.

Socialists assert that labor is entitled to the full product of its toil.

Socialists demand a social system that shall guarantee to all workers the full products of their labor.

Socialism demands the elimination of all unearned incomes.

An institution or enterprise to be socialistic must be supported by the powers and authority of government (national or local).

A co-operative colony in the midst of a competitive system is in the position of a lamb surrounded by wolves.

Dr. Speier suggests that I give my knowledge to the world quickly. To show that this knowledge is not monopolized, I need but call attention to the result of the recent election in the chief city of Wisconsin (Milwaukee city election), viz.: socialist vote, 16,000; democratic vote, 21,000; republican vote, 24,000. People are studying the subject.

Herbert Spencer wrote of socialism as the coming slavery. Real slavery consists in working for masters who take from the workers, either directly or indirectly, that part of their earnings above the cost of living. Wage earners and the average farmer and his wife are virtually slaves. According to Spencer, the president, congressmen, soldiers and officers, policemen and judges, postmasters, etc., are slaves. Everyone knows that from the highest to the lowest, positions in the public service are eagerly sought.

Socialism is in reality the coming liberty (freedom from economic masters and soulless corporations and monopoly of the sources of wealth), so far as it is possible to have liberty and discharge one's obligations to society in payment for the benefits conferred.

The only difference between the modern trust and socialism is that one is a combination of a few (joint stock company) for the purpose of exploiting

the remainder through the private ownership of the machinery of production and distribution, while socialism is a combination for the purpose of conferring the benefits of such ownership upon all (every member of the nation being a stockholder), management and operation to be exactly as the trusts are operated, they having demonstrated that socialism is practical. This combination would not be necessary or so beneficial but for the discovery and utilization of steam, electricity and modern labor displacing machinery, having a productive and moving capacity of from ten to one thousand times that of hand power. If these forces are owned by the few, these few necessarily monopolize the benefits; if owned collectively, all who are willing to perform the necessary service required in operating the machinery of production and distribution, are in position to receive the full rewards of merit and the benefits of ownership of vast forces, each according to his deeds, not leaving cunning and chance and monopoly of opportunity to decide the matter. Perhaps Lincoln performed as great a service for the country as most men, yet he worked as faithfully at a stated salary as he would have done had his reward been millions of dollars. Yet he was one of Spencer's slaves.

The final result (at the present rate of "progress" in 20 or 30 years) of the private ownership of machinery and other great sources of wealth, combined with the ability to exploit laborers of a considerable portion of the products of their toil, must inevitably compel the few to own all the property of the nation. The combined dividends of a few of the richest men already amount to hundreds of millions of dollars annually, which they are compelled by economic necessity to reinvest in other income-producing property. Breaking up the trusts, if it were possible, would somewhat enlarge the number of owners, but would not destroy the principle. And unless the underlying principle is changed—the cause removed—all but a comparatively few are certain to become propertyless. It is foolish to say you are opposed to monopoly and support by your vote a principle which compels monopoly.

And those who work with hand and brain alone, become ever more dependent upon the owners of the machinery as concentration in ownership increases on the one hand, and competition among the workers ever increases on the other.

Physicians are in position to aid greatly in correcting this difficulty and thus not only benefit themselves but also greatly aid the cause of humanity, justice and progress. Let everyone who reads this at least do this much: Get and read the following pamphlets, "Introduction to Socialism," "Methods of Acquiring Possession of Our Industries," and "Principles and Program of Socialism." Twenty cents in stamps will get them. Send today to Appeal to Reason, Girard, Kansas, and ask for their catalogue. Larger books that all should read are: "Modern Socialism," by Vail, 50 cents; "Collectivism," by Vandevelde, 50 cents, and "The Struggle for Existence," by Mills, $2.50. But get the small pamphlets at least.

O. C. Mastin, M. D.

Du Bois, Nebraska.

BLISTERS FOR VOMITING, ETC.

A retired physician of several years' experience whom I knew to be very successful in practice told me that he never knew a fly blister applied to the fourth dorsal vertebra to fail to cure vomiting of pregnancy. He said that he saw it in a medical journal and tried it and found it to be reliable. This was new to me and in looking through the Chicago Medical Times I found the following on page 408 of the August, 1905, issue: "Parvin claimed that for

years he did not fail to cure immediately and permanently every case of the vomiting of pregnancy by applying a sharp blister over the fourth and fifth dorsal vertebrae." I did not know that this had been used by such a man as Parvin, which again strengthens my confidence in it. Vomiting is a very hard thing in some cases to control. I have had three cases in acute diseases that I could not control with anything and I used almost every thing I could find recommended. Two of these cases occurred before I learned of this remedy and I never thought of it in the last case or I would have tried it and seen if it was of any value in other cases of vomiting. If it is so reliable in vomiting of pregnancy it would surely be of value in other forms of vomiting, at least it deserves a trial. I am of the opinion that blisters on the vertebrae would be of value in various disease conditions, if they were applied over the part where the nerves leave the spinal column to control the diseased parts as it would no doubt in many cases arouse the nerves to normal action. This is a good field for investigation and one should not wait for another.

REMEDIES IN SKIN DISEASES.

Resorcin is said to be indicated in all skin diseases when there is intense itching. Twenty-five grains are mixed with one ounce of petrolatum and applied twice a day. Resorcin can be mixed with acetanilid each two drachms, benzoated lard and lanoline each half an ounce; first thoroughly mix the resorcin and acetanilid then the other ingredients and apply as above.

Tar is used in some diseases of the skin and it is claimed that when mixed with mutton suet it will cure weeping eczema almost every time. It is said that the following will cure eczema in any form: Tar four ounces, mutton suet one ounce, olive oil half an ounce; melt and add one ounce each of Canada balsam and sulphur; apply three times with a soft brush. Every third day wash with saleratus water.

Zinc oxide dusted on chaffed places and old sores will usually soon cure them and is of some value in eczema.

Sulphur is an old remedy in both regular and homeopathic practice. I have not had any good results from sulphur in any condition. It will not even act as a laxative for me and I have used it in large doses, probably not large enough. A prominent homoeopathic physician once wrote me that he never got any results from sulphur in any potency. Most all homoeopathic physicians consider sulphur a valuable remedy. It is said to be a homoeopathic polycrest.

Tag alder, when given internally, is a very useful remedy in some forms of eczema and dandruff. It is a general "blood purifier."

A bichloride scolution 1 to 500 is of value in most all forms of pustular skin diseases.

A solution of sodium hyposulphite is of value in some forms of pustular skin diseases and poisoned conditions caused by coming in contact with poison vine.

Arsenic is an old remedy in skin diseases.

The most valuable remedy in skin diseases can be found in the therapeutic use of light and color, a department in therapeutics which is but little known by most physicians at the present time but will soon occupy an important place in the practice of medicine not only in the treatment of skin diseases but in various other diseases.

JOHN ALBERT BURNETT, M. D.
Cecil, Arkansas.

Never run from a policeman or a dog! They'll think you are guilty whether you are or not! Then you are sure to get a clubbing, or a biting, no matter how little you may deserve it. There are times when it pays to stand still!—American Magazine.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

THE SENSE OF PAIN.

Practical physicians know from direct observation that women can stand pain better than the boastful lords of creation. Some believe they actually feel pain less than men and consider this a sign of inferiority in accord with the teaching of the Lombroso school of physiologists that sensitiveness to pain increases directly with the degree of development of the race as well as the individual, being much lower in the savage than in civilized man, in the criminal and defective, than in the morally and mentally elevated. But Mdlle. Joteiko, in an intersting paper abstracted by the Journal of Mental Pathol., claims that woman resists pain better because she has more will power than man has in this respect. Woman, she says, can resist the discomfort caused by a current of 250 volts, whereas a current of 20 volts is the medium supportable quantity. Man, however, cannot stand more than 10 volts. The superiority of woman's will power is also indicated, according to the author, in the fact that women commit suicide less frequently than do men, because women stand physical pain more bravely than do men.

Undoubtedly will power is a factor in the ability to bear pain. Many Swedes, Norwegians, Finlanders, who come to the hospitals of northern Minnesota and Wisconsin with injuries received in lumbering, are notoriously poor subjects for surgical work and rally with difficulty from shock because they are lacking in will power. During the war of the rebellion and the war with Spain army surgeons made numerous observations of the same nature. It may be of some interest to physicians, that in the judgment of the nurses and attendants in a large surgical hospital in which there are always physicians as patients, physicians are particularly intolerant of pain. That would mean, from one point of view, that they stand particularly high in the human scale, from the other, that they are deficient in will power. Mdlle. Joteiko concludes that, as the function of pain is that of self-defense based on reason and consciousness, pain is intimately connected with the higher psychic manifestations.

FIXED FEE TABLES INJURIOUS.

In the March number of the Medical Times Dr. D. W. Cathell of Baltimore advances an idea which to most physicians will appear decidedly novel. He claims that fee tables, as commonly used, are a relic of a past generation, when the medical profession was inferior in its make-up, and should be done away with by the general practitioners, just as has been done by the specialists. Specialists do not govern themselves in their charges by hard and fast rules, but by the features of each individual case, its gravity, the amount of study required, the difficulty of the operation, if such, the responsibility involved, and last, but not least, the financial ability of the patient. From these single items they make up their charge, a round, lump sum, rarely too modest. Not so the general practitioner, whose work is no less arduous and for the most part more responsible than that of the specialist. Custom has established for him a basis upon which to calculate his fee, viz., the number of visits made at the patient's house, or of office calls and prescriptions, or of miles traveled. No account is taken of extra difficulty, care and anxiety, or special knowledge

brought to bear. They are thrown in and the patient's ability is considered only, when a reduction of fee is asked. All this, Cathell argues, is wrong and detrimental to the dignity and prosperity of the profession and should be changed. General practitioners should follow the example of the specialists and compute their fees in accordance with the demands of each individual case.

The idea deserves consideration, for it aims at relieving one of the ills of the body medical. It cannot be denied that the general practitioner is at a disadvantage against the specialist in the matter of receiving reward for his services and that the method of computing the value of his work is crude and often humiliating. Who has not had experiences similar to the following? An acute appendicitis is correctly diagnosed by the family physician and carried to a successful issue. Later, in the quiescent period, the diseased organ is removed by a surgeon, who charges for a comparatively simple operation one hundred dollars. He receives his fee promptly and without murmur, with a lot of praise thrown in. Some months later the physician presents his bill, amounting to thirty dollars for so many visits made. It is paid grudgingly after another delay and only after an "itemized account" has been asked for and rendered. There can be no question that the medical services were quite as important as the surgical and made far greater demands on the physician's time, skill and nervous reserve. To measure their value by the number of visits made is worse than absurd, it is unjust. It was a dignified rebuke Dr. W. J. Mayo is reported to have given a well-to-do merchant, who thinking the doctor's bill too large asked for an itemized statement. "You can itemize dry goods, Mr. K., but you cannot itemize brains." It is not unusual to hear it said of Dr. So and So that he always makes too many visits in order to run up large bills. How degrading to the entire profession, be the charge true or not! The custom of making the single visit the unit for medical fee charges is blamable for such evils. It really lowers the physician to the plane of the tradesman. Some fee bills introduce an additional consideration by doubling the charge per visit for attendance on contagious diseases, such as charge by visit is maintained, the addi- diphtheria. But still the standard of tional motive, recompense for personal danger and loss of other business, is not noble.

It would help to elevate our profession to a more dignified position and add to our financial reward, if we would expunge from our fee tables those incidental and commercial standards and substitute as the true basis for our charges the demands made by each case on our professional skill and service. But when we do this, we will encounter another party in interest, the public, and are likely to find a good deal of opposition. Old customs are hard to break and this one has nearly the force of law. Indeed, it would not be at all improbable, if some doctor, who wanted to adopt the higher standard of summing up the money value of his services, would come to grief in a court of law. Reforms, paticularly if they do not benefit all the people, cannot be forced and the one under consideration will require a long course of preliminary education, first of the physicians themselves and then of the public.

PURE FOOD LEGISLATION.

Through the efforts of sanitarians public opinion has been aroused to the need of legal regulation of food supply. But the different so-called pure food laws need to be amended considerably, before they are really effective and equally just to all parties. Proper distinction should, for instance, be made between what we might call commercial substitution and dangerous adulteration.

Glucose, put into syrups, maple sugar, candy, is a baser in place of a more costly material and a commercial fraud, but not a threat to health, for glucose is harmless and a food in itself. But aniline dyes used for coloring candy, catsup, etc., wood alcohol found in some flavoring extracts and semi-medicinal preparations, are positive poisons. Oleomargarine, which people have been led to look upon as a most objectionable article, is instead a legitimate and wholesome food product, indeed, far more wholesome and sanitary than a large part of butter marketed. Chemical preservatives for food are condemned indiscriminately. But physiological chemistry has not yet spoken the last word and it is probable that these chemicals, in the small amounts in which they prevent the decomposition of foods, are entirely harmless to the human system. If the laws then would fix limits, within which the preservatives may be used, they would serve the purpose of guarding public health, without at the same time increasing the cost of food.

One phase of the pure food question is receiving considerable attention just now, namely the manner in which poultry, fish and other small animals should be marketed, drawn (the entrails removed) or not. It is contended by some that opening the abdominal cavity and exposure to air hasten the putrefaction of meat. But more rational appears the opinion given by the Chicago Department of Health "that the body in which the viscera are permitted to remain undergoes decomposition much more rapidly than when such viscera have been removed. Decomposition is further hastened by leaving the blood in the animal. Cold storage and freezing may limit the rotting process, but do not stop it. When poultry or animals are taken from cold storage and thawed out for exhibition and sale, the decomposition continues with renewed energy, impregnating the flesh with poisons."

In the State of Minnesota a law has just gone into effect which makes the offering for sale at retail, for human food, of any domestic or wild fowls, or any slaughtered rabbits, squirrels or other small animals, unless the entrails, crops and other offensive parts are properly drawn and removed, a misdemeanor. The law, though a step in the right direction, is so palpably deficient, that one must suspect that a lobby has been at work on it. It omits fish, which is as readily decomposed as fowl and fails to reach the case of cold storage, as it speaks only of sale at retail. Consequently commission men and cold storage houses, including the large fish houses at Duluth, may keep fowl and fish with entrails intact for an indefinite time, provided the retailer removes the entrails as soon as he offers the meat for sale. An ordinance prepared by the Board of Health of Chicago is more just to the retailer and a better safeguard to public health, for it forbids the sale of any slaughtered poultry, fish, game or any animal used for food purposes, "refrigerated or otherwise," which has not been properly drawn and prepared by removing the entrails "at the time of slaughter" and every article is to be tagged permanently so as to show the date when it is put in storage.

Let us hope that the ordinance will be passed by the city council, for Chicago being a center of the cold storage industry it will affect public health largely. The duty of physicians is not only to arouse public opinion, but also to shape and guide it into proper channels.

A NEW TITLE.

A contributor to one of our exchanges signs himself "Gastro-enterologist to ——— Hospital."

When you hear a man say "do others before they do you," look out for him. He is one of the evil-doers!—American Magazine.

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY
J. P. THORNE, M. D.
JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:
$1.00 Per Year in Advance; Single Copies, 10 Cts In the United States, Canada and Mexico. Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 9 APRIL, 1906 No. 4

EDITORIAL NOTES

The cause of reciprocity of medical licenses between states is growing. This is one of the great needs of the profession today.

American Medicine is now issued monthly instead of weekly. The magazine evidently has not been the success that its promoters expected.

A pure food crusade has been greatly needed in this country. Many of the prepared and canned foods on the market are unfit for consumption. The publicity given this in the press will result in decreased sales if the manufacturers do not heed the popular demand for pure food products.

We hear a great deal of talk these days about socialism but if you ask the average man to tell you just what socialism is he cannot tell you. Dr. O. C. Mastin, this month, gives us a summary of the principles of socialism. Even those who do not care to accept any of the doctrines will be glad to get an idea of the principles.

At the ceremonies at the recent laying of the corner stone of the congressional office building, President Roosevelt delivered a strong speech, worthy of general consideration. His advocacy of a tax on immense fortunes so that they be kept from increasing so enormously should be heeded. The country is now going through a period of agitation which we all hope will result in a betterment of many conditions.

We have received a copy of the program of the annual meeting of the Philippine Islands Medical Association held at Manila. It is in the form of a neat pamphlet of 12 pages and shows that the physicians there are doing some good work. The number of medical practitioners in the islands is small and more educated native physicians are needed. The recent establishment of a medical school by the Philippine Commission, will result in much good as it will furnish educated native physicians. American or other foreign physicians are not wanted by the natives. Outside of the city of Manila there is now but one physician to 50,000 inhabitants. Many of the natives die, without medical attention, of diseases which are curable. Educated physicians will vastly improve the country.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

THE INTERNATIONAL MEDICAL ANNUAL. A Year Book of Treatment and Practitioner's Index, 1906; 24th Year. Illustrated. Extra Cloth, $3.00. E. B. Treat & Co., 241-243 West 23d St., New York City.

This annual is an invaluable work for a physician's library. It gives in condensed, classified form a record of progress for a year.

The first section of the volume is the dictionary of materia medica and therapeutics, which is a review of therapeutic progress for the year 1905, edited by Ralph Stockman, M. D., F. R. C. P. E., professor of materia medica and therapeutics in Glasgow University, and Frank J. Charteris, M. B., Ch. B., assistant professor, Glasgow University. The editors state that the output of new drugs during the year has been unsually restricted but they give recent reports on many of the older drugs. A good review is given of the serums and organo-therapy. Edward Reginald Morton, M. D., C. M., etc., of the London Hospital writes an excellent report on "Radio-Activity and Electro-Therapeutics," illustrated with cuts and plates.

The main section of the book is the dictionary of treatment, giving a review of medical and surgical progress for 1905, by many contributors. Mention of some of the leading articles will give some idea of the value of this work: "Abdominal Surgery," by A. W. Mayo-Robson, D. Sc., F. R. C. S.; "Albuminuria," by J. R. Bradford, D. Sc., M. D.; "Anesthesia," by Jas. Blumfeld, M. D.; "Local Anesthesia," by Priestley Leech, M. D.; "Cancer of the Breast," illustrated with plates by Priestley Leech, M. D.; "Infant Feeding," by G. F. Still, M. D.; "Insanity," by C. C. Easterbrook, M. A., M. D.; "Enlarged Prostate," by E. H. Fenwick, F. R. C. S.; "Disorders of the Stomach," by Boardman Reed, M. D., and W. E. Rahte, M. D., of Philadelphia; "Cancer of the Uterus," by Prof. Wertheim, Vienna. James Kerr Love furnishes the section on diseases of the ear which is excellent, being illustrated with sixteen stereoscopic plates on the radical mastoid operation. A. Hugh Thompson, M. D., contributes the articles and abstracts on the eye, which give the years' progress in ophthalmology. P. Watson Williams writes a fine report on diseases of the nose and nasal accessory sinuses, illustrated with plates. Dr. Joseph Priestley gives us the year's work in sanitary science.

The illustrations in this volume are worthy of special mention on account of their excellence. There are thirty-two full-page plates, colored and half-tone, and seventy other illustrations. The dictionary arrangement of the work and the complete index make it possible to quickly find any desired information. The book is a store-house of practical information useful to every physician every day in the year.

THE WORLD'S ANATOMISTS. Concise Biographies of Anatomic Masters, from 300 B. C. to the Present Time, Whose Names Have Adorned the Literature of the Medical Profession. By G. W. H. Kemper, M. D., Professor of the History of Medicine in the Medical College of Indiana, Indianapolis. Pages, 79. Illustrated. Paper, Price 50 cents. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

This little book gives brief biographical sketches of two hundred and twen-

ty-nine anatomists, arranged alphabetically so as to be convenient for reference. Nearly every country is represented in this list. To the student of anatomy the book will be found of great value as it will enable him to become familiar with the lives of the world's anatomists. The frontispiece to the book is a reproduction of Rembrandt's "Demonstration of Anatomy." The book contains portraits of a number of eminent anatomists. The volume is nicely printed and is bound in heavy paper covers.

A Laboratory Manual of Physiological Chemistry. By Elbert W. Rockwood, M. D., Ph. D., Professor of Chemistry and Toxicology and Head of the Department of Chemistry in the University of Iowa, etc. Second Edition, Revised and Enlarged. With One Colored Plate and Three Plates of Microscopic Preparations. Large 12mo, 229 Pages, Extra Cloth. Price, $1.00, net. F. A. Davis Company, Publishers, 1914 Cherry Street, Philadelphia, Pa.

During the last few years great advances have been made in physiological or biological chemistry. A working knowledge of this subject is now necessary not only for the medical student but for the medical practitioner also. The book first gives descriptions of and tests for the principal materials which enter into the composition of the animal body as well as the foods necessary for its support. The carbohydrates, the fats, the proteins, and the mucins are all considered. Of especial interest is the section devoted to the examination of the saliva and the gastric juice. The examination of the blood according to the latest methods receive the attention it warrants. The tests given for milk can be used frequently by every practitioner. A section is devoted to urinalysis, presenting in detail both the chemical and microscopical examination. Most of the work described in the book can be done with a small stock of apparatus. This volume gives in condensed form, the contents of a number of large volumes. The student will find it a good guide in laboratory work and the practitioner will find it a practical assistant in modern methods of examination.

Squibb's Materia Medica, 1906 Edition. A Reliable and Comprehensive Handbook for the Physician and the Pharmacist. Pages, 394. Cloth. Published Annually by E. R. Squibb & Sons, 78-80 Beekman Street, New York City.

This book embraces the entire materia medica recognized by the new U. S. Pharmacopoeia and the National Formulary and also some of the non-official and newer remedies before the profession. The volume contains the more important data concerning the nature, source, physical, and therapeutic properties, doses, antidotes, etc., of the drugs considered. The entire list of drugs is made by the house of Squibb and the price of each drug is given. The book is well printed and is substantially bound in cloth. It is presented to the profession by E. R. Squibb & Sons, of whom it may be obtained.

BOOK NOTES

Alfred Henry Lewis, well known as a strong historical writer, has excelled himself in his new "Story of Andrew Jackson," which will soon begin in the Cosmopolitan.

In the May number of McClure's Magazine will begin a series of articles telling the "Story of Life Insurance." Both the development of life insurance itself and the career of the men who have contributed to it will be described in detail.

The Annual Report of St. Luke's Hospital of Chicago has just been issued and is of interest. Besides the regular hospital report it contains articles by different members of the staff. The pamphlet contains 124 pages and a number of illustrations.

A leading article in McClure's Magazine for April is, "Some Diet Delusions," by Woods Hutchinson, A. M., M. D., which medical men will find of especial interest. Other leading articles are: "Witte: A Great Man Facing Failure," by Perceval Gibbon; "A Hunt for a Play," by Clara Morris; "Reminiscences of a Long Life," part six, by Carl Schurz. Stewart Edward White continues his "Arizona Nights," giving this month a ranchman's exciting story. The number contains a variety of fiction of the best kind and plenty of illustrations, some in tint.

STEWART EDWARD WHITE

"The Phantom of the Poles," by William Reed, to be published next month by Walter S. Rockey Co., New York, is announced as a book dealing with the question of Arctic and Antarctic investigation from a very thoughtful and original view-point. Peary, Nansen, Melville, Greely and other famous explorers are quoted at length. With some authorities the author agrees; with others, does not. His purpose is to present an important truth that must arouse general interest—one that has occupied his mind and energy for years, and of which he feels a firm conviction.

The leading article in the April Cosmopolitan is the continuation of "The Treason of the Senate," by David Graham Phillips. In this he flays Senator Aldrich, of Rhode Island, as no one ever has before. The article is illustrated with photographs. The editorial article of the number is by Ernest Crosby, "Wall Street and the House of Dollars." "The Lesson of Platt," by Alfred Henry Lewis, gives publicity to the shortcomings of Senator Platt, of New York. John Burroughs tells "What Life Means to Me," and it is well worth reading. Other articles are: "Idols of the Russian Masses," by Christion Brinton; "The New Aristocracy," by Gertrude Atherton; "Temptations of a Young Journalist," by T. T. Williams; "Who is Our Worst Actor," by Alan Dale. Fiction and pictures also abound.

In the April American Magazine, Julian Willard Helburn has an article of unusual significance on "Light: the Great Civilizer." In telling of the revolution which has been wrought in history by the steady light, Mr. Helburn makes a point which has never been touched upon by anyone—not even by college professors in their courses on the history of economics. There are a number of other extremely interesting articles. Henry K. Webster tells the story of the Chicago Traction Tangle under the caption, "From Yerkes to Dunne," and John McAuley Palmer

writes satirically on the Block System, in, "A Speculation in Manslaughter." This month the American Magazine retains its lead in things photographic by a splendid series of portraits of the Justices of the Supreme Court of the United States. Among the fiction writers are Mary Cholmondeley, Holman F. Day, Crieff Dalzell, Mrs. L. H. Harris, Frank N. Craigie, Una Hudson and Ellis Parker Butler.

Most people do not know that the most powerful trust in the world is the Coal Trust, dominated at present by that remarkable personality, George Franklin Baer. The whole story of his alarming monopoly, its origin, history, and present power, is told for the first time in two notable articles by Hartley Davis on "The Coal Trust, the Labor Trust, and the People who Pay." Read the first of these articles in the April Everybody's and see what you think about the probable future of this omnipotent commercial monster. Contrast, too, with this story of greed and violence Charles Edward Russell's peaceful picture of Switzerland, the Trustless counrty, in the current instalment of "Soldiers of the Common Good." The happiest, most honest, best-governed people in the world are, according to Mr. Russell, the Swiss. Thos. Lawson, in "The Fight for the Big Three," sets forth, with documentary evidence of extraordinary interest, the panic-stricken effort of the three great insurance companies to secure control of their policy-holders' proxies and combat Mr. Lawson's own generous attempt to secure for these same policy-holders a "square deal." Some of our religious inconsistencies are tolerantly pointed out by Eugene Wood in his thoughtful and suggestive report of two recent religious conferences, entitled "The Gathering of the Churches." Emily Harrington's study of the hospitality of the rich, called "Housekeeping on Half-a-Million a Year," forms a noteworthy chapter in the history of an extravagant age. These are only part of the contents of the number.

The April number of the World To-Day is another splendid issue of this splendid magazine which every reader of The Recorder should read. It contains a large number of beautiful illustrations, some in tint, and many excellent articles and editorials. Some of the articles are: "The Sirens' Island," illustrated, by Edith H. Andrews; "Judge Lindsey and His Work," with portrait, by Helen Grey; "Facts and Problems of Adolescence," by James Rowland Angell; "The American Manufacturer in China," illustrated, by Arthur D. Coulter; "The Birth of an Automobile," illustrated, by Sigmund Krausz; "Consular Reform," by C. Arthur Williams; "Silhouettes from Life," by H. G. Dwight; "The Palette and Chisel Club," illustrated, by Thomas Bruce Thompson; "Why Arizona Opposes Union with New Mexico," illustrated, by Dwight B. Heard; "How Immigration is Stimulated," by Frederic Austin Ogg; "Education in the Canadian New West," by Charles Herbert Huestis; "Weighing the World at the Pyramids," illustrated, by Percy Trenchard; "Mapping Our Ned Coasts," by Edward Marshall. This magazine is published at $1.50 per year but it is unsurpassed by any of the $3.00 or $4.00 magazines.

The ready lender generally finds out that when he gets broke there is a great deal of truth in the old saying that "He who goes a-borrowing, goes a-sorrowing!" Paste this over your desk! If you haven't a desk, on your looking glass! If you haven't a looking-glass, over your bed! If you haven't bed, wear it next to your heart! Be sure to keep it by you so that you may remember, a dollar is your best friend!—American Magazine.

THE DOCTORS' WORLD

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Renal Colic.—The paper of the evening at the last meeting of the Clinical Society of the New York Polyclinic Medical School and Hospital, was read by Dr. E. L. Keyes, Jr., and was entitled, "Renal Colic."

He said, in part: Renal colic is usually considered a symptom of kidney stone; but it is not absolutely pathognomic of stone nor are the position and character of the colic pains always an infallable index of the position of the stone. Indeed so misleading is renal colic in a certain few cases, and yet so rarely is it a symptom of anything but stone, that I think it by no means waste of energy to study attentively some of the cases which have come under my observation and in which renal colic has been a misleading and often a confusing symptom.

The late Dr. Bryson once formulated in a tentative way the theory that stone in the pelvis of the kidney causes pain in the loin radiating down the ureter, while stone at the lower end of the ureter causes frequent and painful urination and pain in the pelvis. This distinction holds true in the great majority of cases; yet I have seen one case that was a striking exception to this rule, in that the only pain suffered was from frequent and painful urination, although he had but one stone, and that lay in the pelvis of his kidney.

* * *

Hypertrophic Rhinitis.—The indiscriminate performance of turbinectomy for every case of hypertrophic rhinitis is not in vogue now as much as it has been in the past few years. Some of the leading rhinologists are returning to the use of the galvano-cautery. At the recent meeting of the American Laryngological, Rhinological and Otological Society, Drs. E. Fletcher Ingals and S. A. Friedberg contributed a joint paper on the treatment of hypertrophic rhinitis. The Medical Record gives the following summary of the paper:

"(1) The galvano-cautery, when properly used, offers one of the best, if not the best, methods for the treatment of the intumescent and hypertrophic forms of rhinitis. (2) The dangers of middle ear infection have been greatly exaggerated, not any case in the series, and only one among several thousand cauterizations, having come under their observation. (3) The liability to adhesion formation is not great ,providing sufficient care is taken not to injure the opposite septal mucous membrane, and providing, also, in cases in which the subsequent swelling is marked, a probe is passed between the opposing surfaces in four or five days. (4) A 4 per cent solution of cocaine is sufficient in the vast majority of cases to induce complete anesthesia, three to six applications on a cotton-wound flat applicator being sufficient for this purpose. As a result of experience, especially in cases of marked intumescence, they believe that a spray of adrenalin materially assists in producing anesthesia. (5) The objection that the galvano-cautery destroys too much of the mucous membrane does not obtain, if the cauterization is linear, and if it is done properly, whereby very little mucous membrane is destroyed. (6) Scab and crust formation does not occur any oftener following cauterization than after other nasal operations; in fact, it was noted

in but very few instances, and in some of these a change in the spray solution caused a cessation of this trouble. (7) No packing was needed to prevent hemorrhage, and this factor makes the discomfort following the operation very much less than after some other methods. (8) There is very little pain after galvano-cauterization of the turbinated bodies."

Morphine Poisoning. — At the March meeting of the Clinical Society of the New York Polyclinic School and Hospital, Dr. D. A. Sinclair reported a case of morphine poisoning.

The patient was 63 years of age, weighed 180 pounds, was 5 feet, 6 inches in height, full blooded, with marked organic heart disease. He had been coming to the speaker's office for the past two or three years suffering from alcoholism. He was a periodic drinker, and when first seen, two or three years ago, had been treated along the regular lines for such a condition. He informed the speaker that he had been in the habit of receiving injections of morphine from previous doctors and that was the only treatment that did him any good. Accordingly one-fourth of a grain of morphine was injected, which the patient reported at the next visit was of no benefit whatever, stating that it was, he knew, a very small amount—nothing like what he had been used to getting. The dose of morphine was very carefully increased to ½ grain without any effect, and finally, at the earnest solicitation of the patient and his assurances that he could stand the morphine, the dose was increased to one grain. This injection bore out his statements as to his previous experiences and "just about steadied him," without producing anything but a very short sleep. His subsequent periodic sprees were treated along the same lines, from ¾ to one grain being used at an injection. It became so much a matter of course to inject this patient and see no untoward effects whatsoever that there was no hesitation on the part of the speaker about giving him a grain of morphine two or three times a day, according to the exigencies of the occasion. Between the sprees the man, who was of more than average intelligence, not only abstained from alcohol, but did not have the slightest desire for morphine or any other drug.

The treatment detailed above was carried out until the last spree, about a month ago. On this occasion he presented himself, intoxicated, but retaining all his faculties, and begged for an injection of morphine, saying that he would only be put "on the ragged edge" as he expressed it, if he received the usual dose. He stated that he had taken as many as 3 grains of morphine without any bad effects, but this statement he afterward denied. He had a very important meeting for the next day, and therefore was desirous of securing a good night's rest. One and one-half grains of morphine sulphate were injected into his left arm. In about half an hour the speaker was called to him hurriedly, and found him in a much stupified condition. This was about 8 P. M.; a small dose of cocain was injected and the speaker left, returning about 9 o'clock, when the patient was breathing slowly, about 5 or 6 a minute. He was walked up and down until about 11 o'clock, at which time his respiration had diminished to one in two minutes. Up to this time there had been injected hypodermatically 3-5 of a grain of cocain, 4-150 of atropine sulphate, 4-30 of strychnine and 4-100 of nitroglycerine. He had also been given about a quart of strong, black coffee.

The situation being desperate, at the request of the man's family 1-12 of apomorphine sulphate was injected as an emetic and was effectual in about one-half a minute. The patient went steadily into a deep coma, became very blue and was apparently dying. Arti-

ficial respiration and the administration of oxygen were then resorted to and the tongue pulled forward with artery forceps. At 1:30 P. M. he began breathing at the rate of about 4 a minute. About a quart of black coffee was given as an enema and at about 3 A. M. he was breathing about 10 times a minute and was conscious.

The oxygen and artificial respiration, together with the cocain, probably saved the man's life. Two lessons should be learned from this case: (1) not to be importuned into giving any patient a large dose of morphine, even though he is used to it; and, (2) not to abandon hope or relax one's efforts, even when the patient is apparently beyond hope, as this case shows that even in apparently fatal cases life may be saved.

Dr. R. H. M. Dawbarn opend the discussion of this case which, he said, recalled to his mind a case of morphine poisoning which occurred when he was interne at the Nursery and Child's Hospital. He placed the patient on his back and administered atropine (the first dose of which dilated the tubes) until, from morphine poisoning, the patient developed a case of atropine poisoning. Life was saved by artificial respiration, which was kept up for 8 hours by the speaker and his assistant each taking two-minute turns. Walking the patient up and down was tried, but the exertion seemed only to make the heart weaker. If he were to criticise the treatment of the case under discussion, it would be the giving of depressing narcotics, as after vomiting from an overdose of morphine the patient usualy collapses.

Dr. Maurice Packard said that in a series of experiments in which he had been interested, which were being conducted by Doctors Bodine and Jeffries, they were trying to find out from guinea pigs how much morphine would act as an antidote for a given injection of cocain, acting upon the principle that cocain is a physiological antidote for morphine. Previously atropine had been used for this purpose, but atropine and morphine acted similarly, in that both had a tendency to depress the smooth muscle fibres as well as secretion, while, on the other hand, cocain stimulates the smooth muscle fibres and increases secretion, as is shown by the druling at the mouth and the frequency of urination. The best possible treatment, he thought, was the stomach tube. After using it once, however, it must be used every half hour, for the mucous membrane of the stomach will repeatedly secrete morphine. With the stomach tube and the proper use of cocain, most of these cases will end in recovery.

Ostetrics.—E. S. McKee, M. D., Cincinnati, Ohio, contributes the following abstracts of recent obstetrical literature:

Clark (Cleveland Medical Journal) reports a patient in whom the lower part of the vagina was entirely separated from the upper with a transverse membrane. The anterior attachment of the membrane was one and a half and the posterior two and a half inches from the vulva. Pressure against the membrane showed it to be firm except at one side, the left, which yielded slightly. The color of the membrane was the same as that of the vaginal mucosa. Its thickness was about that of ordinary blotting paper. The second case was one of congenital displacement of the urinary bladder. The cavity of the pelvis was well filled with what appeared to be a cystic tumor attached to the pelvic wall. The tumor disappeared on catheterizing. The catheter had to be passed upward, inward and to the left, and then downward before the urine would escape.

VALUE OF ERGOT IN OBSTETRICS.

Davis (Therapeutic Gazette) says that he is accustomed to use ergot in some form in the great majority of cases

of obstetrics. The only contradictions to its use are excessive hemorrhage with depleted condition of the vessels and a feeble heart. Strychnia is given with the ergot because it rouses the ganglia of the uterus and stimulates the patient's nervous system. He never gives more than two drachms of ergot by the mouth at one time. He has never witnessed any untoward results from the use of ergot. Hirst has used ergot as a routine course of practice in all cases of labor as soon as the child is born. A very irritable stomach and persistent vomiting are contraindications to its use, but even in these cases, after the labor is over, Hirst has succeeded in having the ergot retained. If it has been necessary to anesthetize the patient he gives a deep hypodermic injection in the thigh as soon as the uterus is evacuated. In case of twins he gives a dose of ergot as soon as the first child is born if there is no obstruction to the birth of the second. Cameron uses ergot in all cases of labor after the uterus is emptied unless contraindicated. He has not seen any untoward effects or accidents from it.

OBSTETRICS IN THE PHILIPPINES.

Bell (Med. Record) says that the idea that semi-civilized women escape many of the pangs of child-birth is entirely erroneous in regard to the Filipinos. The Filipino woman lives a short life owing to her many pregnancies and hard manual labor, insufficient food, and, most of all, the crude, brutal and ignorant practices as obstetrical aids. The two chief aids used to assist expulsion of the child are, first, a stout band of cloth passed round the woman's abdomen and pulled tight by four persons, who are seated two on each side of the patient, with their feet against the body; second, a plank six or eight feet long by a foot wide, which is placed across the woman while another person mounted on the plank raises on his toes and descends on his heels forcibly. The birth of the child is followed by the expulsion of the placenta after the above means, and should the process be delayed, forcible traction upon the umbilical cord is made with such energy as to tear away portions of the placenta, and often large sections of this body are left to find their way from the uterine cavity of their own accord. Weeks and even months later the results of such practice are noticed in the septic conditions which would naturally follow retention of the membranes.

PREGNANCY PLUS APPENDICITIS.

Fueth (Archiv. fuer Gynecologie) finds appendicitis a serious complication of pregnacy, especially from its tendency to recurrence. Recurrence was noted in 21 per cent of his cases. Monod and others advise the removal of the appendix, as a rule, even when there are no symptoms at the third or fourth month of pregnancy, if the patient has ever had appendicitis. In case of incipient appendicitis in a pregnant woman he thinks operation offers the only chance for cure. He found the difference in the temperature in the rectum and axilla, higher in rectum, to be an important aid in the diagnosis. The anatomic conditions of pregnancy favor the opening of the abscess in Douglas' pouch. The abscess can be opened through the rectum if there is too much danger of interrupting pregnancy.

PLACENTA PRAEVIA.

Warren (Lancet) reports a series of ninety-four cases in which six mothers died, or 6.3 per cent, while of ninety-three infants forty-nine died, or 50 per cent. As regards parity, in the seventy-six cases in which this was mentioned twelve were primiparae, while thirty-six had had five or more labors previous. None of the primiparae died, which is a matter of some interest, since King in his series found the mortality of primiparae to be 30 per cent; the general mortality of his series being

22 per cent. Twin labors occurred twice in the series, of which three infants and one mother died. Recurrence in one case is noted in the three preceding labors. Hyrdramnios was reported in four cases, two of these being of the ten cases seen personally. Prolapse of the cord occurred in three cases out of the fifty-four in which the de Ribes' bag was not used and in four cases out of the forty in which it was used. Postpartum flooding was noted in fourteen cases, in four of which the placenta was adherent; adherence of the placenta was found in two other cases without postpartum hemorrhage. There seems to be a peculiar tendency for placenta with a low attachment to become adherent. In two cases of adherent placents there was atony of the uterus; both died. One case of puerperal melancholia was recorded. In one group of twenty-seven cases only such minor steps as rupturing the membranes or giving ergot were taken. There was no case of complete placenta-previa in the group. In six other cases bupolar version was the treatment adopted. Twenty-one cases were treated by internal version or manual delivery, in the case of pelvic presentations. Of the twenty-one mothers, five died, of the twenty-two children, fourteen died. Forty patients were treated by the inserting of the de Ribes' bag. None of the mothers died; twenty-five of the infants succumbed.

IS TUBERCULOSIS OF THE LARYNX IN PREGNANT WOMEN AN INDICATION FOR ARTIFICIAL ABORTION?

This is the query of Kuttner (Berlin Klin. Wochenschrift). The author decides as follows:

1. Diffuse tuberculosis of the larynx occurring in the pregnant usually has a bad prognosis. 2. The mortality among infants born of mothers suffering from laryngeal tuberculosis is very great. 3. Considering these two propositions together, laryngeal tuberculosis in the pregnant is a justifiable reason for the induction of abortion, but the procedure should only be undertaken after due consideration of all the circumstances of the case, including the probable recovery of the patient. The author does not believe that the emptying of the uterus late in the course of pregnancy as good a proceeding as the early abortion.

DECREASE IN THE GERMAN BIRTH-RATE.

A statistical report recently presented to the German Imperial Chancelor is said to show that the birth-rate of Germany is receding rapidly, at any rate in the towns. In 1904 the birth-rate was 30.5 per cent per 1,000 inhabitants against 30.9 in 1903, 32.1 in 1902, 33.4 in 1901, and 33.7 in 1900. The decrease therefore is continuous and has begun to cause anxiety.

ALBUMINURIA OF PREGNANCY.

Wallich (Presse Medicale) speaks of "albuminuria from suppuration." The symptoms are polyuria with or without disturbances of micturition and turbulent urine, but a very little general disturbance, no edema or eye symptoms nor pain in the epigastrium. In the space of two months, recently, he noted this form of albuminuria in six out of fifteen pregnant women showing albuminuria. He administered milk and methylene blue. The albuminuria may vanish while the polyuria and turbid urine may persist without fever or any other complication during pregnancy. The urinary apparatus is, as a rule, not permanently affected.

When you are down, take knocks without howling. But when you get up again just sock it to your enemy with compound interest.

Mark Twain says: "Be good and you will be lonesome!" Your Uncle Solomon says: "Better be alone in good company than sociable in bad!"—American Magazine.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. IX MAY, 1906 No. 5

Leading Original Articles

PHYSICS OF THE X-RAY.

By Gordon G. Burdick, M. D., Chicago, Illinois.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor of Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

(Continued from page 116 April Recorder)

X-RAY BURNS.

This important subject needs considerable attention at the present time owing to the increasing number of cases that are occurring among the new operators who are appearing in the field. It was known as early as 1896 that the X-ray was capable of bringing about a condition in the human body that might be dangerous, and considerable speculation was indulged in by the different physicists to account for the phenomena.

W. M. Stine in the Electrical Review, Nov. 18, 1896, claimed that the burns were not due to the X-rays, but to the ultra-violet light emitted from an excited tube. Elihu Thomson in the same paper, of Nov. 25, 1896, gave it as his opinion that the effects were not electro-static as alleged, but were due to the chemical activity of the ray alone, and later in the American X-Ray Journal, of Nov., 1898, it was stated that burns were produced by the X-ray, and chiefly by those rays given off from a soft tube.

Tesla, Electrical Review, of Dec. 2, 1896, claimed that the X-rays did not produce burns, but that this phenomenon was due to the ozone or nitrous acid generated upon the skin, and suggested that a grounded wire screen would prevent the trouble.

Rollins, Electrical Review, Jan. 5, 1898, exposed his hand to a tube of so high resistance that the current could not pass through it and still produced a burn.

Throwbridge, in the American Journal of Science, 1898, claimed that an X-ray burn was due to electrofication, and that this condition could be produced either with or without the X-rays, and he exposed his hand to a brush discharge of a generator and produced a typical X-ray burn.

Time seems to bear out Professor Thomson's theory and is now generally accepted by all workers in the field. It is of course known that a static or high potential current when directed upon the surface of the skin is capable of producing a violent erythema and possibly a blister; but the readiness with which it heals shows that it differs radically from an X-ray burn. It fre-

quently appears and disappears just as readily. Acute X-ray burns may appear in all stages according to the amount of dosage and the care the surface has received.

DERMATITIS.

This is a condition of the skin that appears in from 4 to 24 days, after it has received one or more X-radiations and its effect is directly proportioned to the amount of ray received. We first notice a slight pouting of the follicles appearing like minute red dots upon the skin, followed in 24 hours by a peculiar itching sensation that gradually grows worse until it takes on a distinct smart; by this time the skin is noticed to be slightly swollen and the sensation has increased to a disagreeable burning, followed by neuralgic pains radiating away from the spot; the redness gradually increases with an increase in the thickness of the skin which gives a hard leathery sensation to the touch resembling a bad case of erysipelas. In the course of five days a distinct leaden cast is given to the red and it looks distinctly angry, and in the majority of cases it will remain in this condition for about five days, and then gradually begin to fade out from the edges of the center. The application of any irritating substance or inoculation by means of the finger nails immediately turns the dermatitis into a destructive X-ray burn. Where this occurs a large blister forms in the center and numerous smaller ones in the immediate vicinity, the pain increases in intensity until the victim is in agony, and there are few things that we have found that will give relief, even morphine has been found wanting, requiring almost poisonous doses before any comfort can be had. In some cases the slough extends below the skin for a distance of one inch and the pain and general prostration continue until it has completely separated. Regeneration is extremely slow, the surface refusing to tolerate any ordinary surgical dressing and immediately assumes a grave form if any of the irritating applications are applied, as, iodoform, boric acid, or any of the liquid antiseptics.

CHRONIC BURNS.

This condition is brought about by prolonged intermittent exposures to the ray, and X-ray operators seem to be the only sufferers, especially their hands, owing to the excessive use of the fluoroscope, and occasionally upon the feet where the operators make a practice of placing the tube under the table in order to examine the body while laying upon the table. Several serious burns have been received in this way making cripples of the operators for life. This condition is brought about by repeated mild attacks of dermatitis, until eventually the capillaries are destroyed and the nutrition of the skin and its appendages is seriously interfered with. We have a dry husky skin rather inclined to redness having a peculiar glazed appearance with a tendency to crack in places, the nails shrink and become distorted and eventually shallow ulcers form and a stinging burning sensation is continually present. In a few cases the process has extended far enough to destroy the usefulness of the member, and in several well known cases the degeneration has proceeded to the point where malignant conditions have developed necessitating the amputation of the limb.

BELATED BURNS.

A surprise was in store for a few X-ray operators when they made the discovery that the X-ray treatment might lay the foundation for a destructive process that would require months or years to culminate, and we all recall the sad case of an English physician, Dr. Blacker, who suffered a severe burn of one of his fingers while manipulating his apparatus. This irritation produced

an unyielding dermatitis which rapidly spread up the arm and in a short time cancer appeared in the skin at the elbow with glandular involvement in the axilla which followed almost simultaneously and finally involved the entire shoulder precluding the chance of help by operating. We are also familiar with the case that occurred in the practice of Rubel where death followed an extensive burn upon the abdomen. Another case that has become well known was the assistant of Edison. This young gentleman in endeavoring to commercialize the X-ray apparatus used the fluoroscope without sufficient caution and eventually set up a process that made it necessary to amputate his arm. Cases like this can be multiplied indifferently and have happened among demonstrators of this kind of apparatus and among the users of the fluoroscope.

A case that was brought to my attention happened in the beginning of X-ray work to one of the best known X-ray operators. This gentleman became infected with the X-ray enthusiasm, and after purchasing a machine that the manufacturer guaranteed "not to burn" he persuaded his "fool friend" the barber to become the subject of the experimental work, and an attempt was made to take a skiagraph of the ankle joint and after a number of failures it was given up for several weeks. Before it was resumed however it was apparent that something was wrong with the ankle. It was red and inflamed while blisters covered the surface. Everything was done that could be to relieve the suffering of this patient, but the process extended until eventually the bones were bare and nothing would make granulations grow in the wound. An amputation was refused and eventually the bone was chiseled into by a surgeon and much to his surprise no blood vessels were found; the bone had the appearance of being petrosed and responded to the cutting instrument like the petrous portion of the temporal bone. It is six years since this happened and the ankle still has open ulcers. This case had approximately 45 minutes' exposure on successive days giving from five to eight minutes each day according to the operator's side of the case, and from the patient's side the exposures varied from five to thirty minutes daily. The exposures were given with a 16 plate static machine. We are all familiar with the case of burn that happened in an eastern city. The physician purchased a static machine from a manufacturer who guaranteed it not to burn, and in this case the operator experimented upon himself trying to make a skiagraph of the shoulder. History tells us that the doctor did not get a skiagraph of the shoulder but did receive a destructive X-ray burn that crippled him for life. He brought a suit against the manufacturers and as the reports have it recovered a judgment for $6,000. It is not known what effect this verdict has had upon future guarantees by this particular firm. If physicians would ask questions from others engaged in this work instead of taking any improbable story that a salesman might tell, who is anxious to make a sale, such accidents would not occur.

I had my attention called to another deplorable case that is now pending in court. This was a saloon keeper who having an eruption upon his hands submitted to X-ray treatment, and as usual testimony differs, the physician stating that he had placed the tube seven inches from the hands and the man claiming that he had lifted his hands off from the table and had kept them in contact with the tube, as he could see no reason why he should not do it, although he acknowledged that he was told to keep them away from the tube or he would be burned. He is supposed to have had seven treatments of five minutes each, after which he complained

of an itching sensation and the doctor stopped treatment immediately and told him that it would be advisable to wait for a few days in order to see what the results would be. This is the last time the operator saw the patient for one year, but the subsequent history was given in the testimony in court. About ten days after he had stopped treatment a violent erythema broke out and as the pain and itching were so severe another physician was called in who dressed it with a strong carbolized solution and covered it with rubber protective; the next day the sloughing process begun and he dusted it with iodoform which was used for several weeks. The process continued and the man almost went insane with the pain; other physicians were called in and nearly every drug that surgeons use was tried in succession, both to relieve the maddening pain and arrest the destructive process. Little success was achieved in either direction, and eventually it was necessary to excise many of the tendons that had sloughed before any relief could be obtained, after which a slow reparative process set in. Prolonged soaking in warm saline solution eventually caused granulations to take place covering the surface with a very sensitive skin which was non-elastic, this with the loss of tendons and the contracted fingers has effectually made a cripple of this man. I had the opportunity of examining the hand when it was presented in court and I must say that it lacked many of the characteristic appearances of a typical X-ray burn; that in this case at least the X-ray was only a contributing factor, while the irrational treatment that was adopted by the attending physicians in their desperation brought about the extensive destruction that was evident in the result. Of course it should not be necessary to add that a little petty spiteful sentiment so often found in small places was the cause of the present humiliation that is shared equally among them at present, and it is impossible to say just who is responsible for his condition. It is also among the possibilities that stale beer may have added its yeast germs to the soil that was thoroughly prepared for them as he attempted to attend bar after the sloughing process began, and we all know the destruction that can be wrought in the human tissue by a mycotic infection. If a lesson is to be learned from this case it is this, that physicians at large should let an X-ray burn severely alone and let the individual who produced it handle it without any help; it will make him careful the next time to see to it that he does not produce another, and presumably he knows the best method of handling this trouble. As for his medical brother who takes the case off his hands, he has only sorrow and humiliation as his portion, with plenty of hard work and very little money, and now days it is certain that he must waste much of his time attending court while the latter is trying to find out whether it was the X-ray, iodoform, or mycotic infection that has brought about the terrible destruction. It is robbed however of its humorous features when a man in vigorous health suddenly becomes helpless as a result of crippling of his hands.

Instances of this kind can be multiplied by the hundreds by referring to my files but no useful purpose would be served, and many cases are more pathetic than the one related above, and many are not of such a serious character. A number of very late burns have accumulated and have been reported by different operators. Two of these cases were reported by Clarence E. Skinner, M. D., before the American Roentgen Ray Society. The first case was a woman 50 years of age, of the brunette type, who was under treatment for pseudo-leukemia accompanied by a large collection of fluid in the abdomen. The

glandular enlargements were very prominent in the abdominal cavity, especially upon the left side and in the cervical, axillary, and the vaginal regions. The X-ray applications were all made over the abdomen, and the tube focused about two inches to the left of the median line, but so arranged that all regions affected would receive some radiation; no shield was used except over the face, and only a thin towel was interposed between the skin and the source of light. The tubes used were of the German type with divided anodes, forcing back a spark of from 4 to 8 inches and producing rays of a high penetration. The distance of the anode from the skin was ten inches and the time of exposure fifteen minutes. The apparatus used was a 12 revolving 32-inch plate, Wimshust-Holtz machine for the first three months and a 16 plate machine of the same type afterwards.

From July 26, 1902, to Dec. 4, 1902, she received 50 X-ray treatments, being an average of one every 2.6 days. From Dec. 4, 1902, to April 3, 1903, she had 25 treatments or on an average of one every 4.7 days. By this time the disease had improved to such an extent that it was considered safe to stop the treatment for a time which was done. During the time she was under treatment the abdomen had become heavily pigmented and peeled off exposing a pink, healthy skin underneath. Twice there appeared a slight erythema with itching and burning which subsided completely in five or six days after treatment was stopped. On April 30 she was found to be suffering severely with sharp cutting pains in the anterior abdominal wall and extending up under the ribs nearly to the shoulders upon both sides. The skin of the abdomen had been darkly pigmented but showed a dark redness through the brown over an area of about six inches in the vertical and ten in the lateral diameters, and a very intense burning sensation was torturing her constantly. Various ointments were applied without relief, and it became necessary to resort to morphine in a day or two. The condition progressed from bad to worse and by May 13 an area 4 by 8 inches presented a typical picture of white gangrene, the dead tissue being yellowish white in color of a tough leathery nature and contained the characteristic gangrene odor, severe shooting pains were present constantly and manipulations of the parts produced paroxysms of pain lasting several minutes; the pulse ran from 105 to 115 beats per minute, and the temperature from 100° F. to 102° F. and the patient was so prostrated that she was unable to leave her bed, her appetite was excellent and remained so through the entire course of her illness. .

Treatment.—Dressings were made with normal saline solutions followed by a ten per cent aristol and lanolin ointment twice daily. At this time the edges of the slough began to separate and this process progressed steadily until June 9 when it was completed by the exfoliation of the central mass which was three-fourths of an inch thick. Synchronously with the completion of the sloughing process the shooting pains also ceased. The healing process was hastened by using the galvanic current with from 5 to 10 milliamperes for ten minutes for three times a week, bringing the negative pole in direct contact with the ulcer. By October, 1903, the ulcer was covered with a healthy skin.

The second case was a patient who was a medium blond with grey eyes and dark brown hair, age 49. Came for X-ray treatment for an inoperable malignant process in the neighborhood of the left broad ligament accompanied by marked ascites. From Jan. 27, 1903, to April 4, 1903, she received 115 treatments, an average of one every 3.7 days. The technic was the same as was used

in the first case, except that the 12 plate machine was used on this patient for nine months, and her improvement was such that it was considered safe to stop treatment for the time being and await results. As in the other case the skin became darkly pigmented during treatment and peeled off showing a healthy pink below. Three times a slight erythema, with itching and burning, was produced but subsided kindly when treatment was suspended. There was nothing apparently in the condition to indicate possible trouble when the treatment was discontinued but there was present at this time a phenomenon that I have never before observed in this connection, consisting of a subcutaneous effusion of blood as large as a nickle. This area was slightly depressed below the surface of the secondary tissue, was sensitive to the touch, and had developed suddenly two or three days before. The spot became more sensitive daily and sharp pains appeared in this region which radiated upwards towards the ribs and increased in severity until May 1, when it was necessary to administer opiates. The area became gangrenous and the temperature increased from 99° F. to 101° F., while the pulse ran from 95 to 105 per minute. The necrotic area increased until by the middle of May it was the size of a silver dollar. About the same time a hemorrhagic area appeared upon the other side of the median line of about the same size which became necrotic about the first of June. By the first of July these areas had coalesced at their lower borders through an isthmus three-fourths of an inch in width, the necrosis being preceded by subcutaneous effusions of blood; the tissue was tough and had a bad odor. The long continued severe pain made her removal to a sanatarium imperative, where she could have better attention, while we run through the list of sedative drugs looking for something to relieve her, when finally we decided to try a mixture of lanolin, olive oil, with powdered opium, supplemented with an ice bag which gave her enough relief to make the pain bearable. The application of the above with a saline irrigation was the procedure finally adopted.

The galvanic current was tried, but had to be abandoned as the ulcer was so sensitive that the slightest irritation made it unendurable. The sloughing process proceeded slowly and was not complete until October, but the disappearance was, as in the last case, followed by the complete absence of pain. The ulcer was completely healed by the last of November.

A case of my own occurred in a young lady with a carcinoma of the breast with extensive glandular involvement. It was an extremely unfavorable case when she presented herself, but the treatment was undertaken in the hope that something could be done. She received 90 treatments in four months, which resulted in a gain of eight pounds and a total disappearance of the cancer and glands. The most careful examination failed to show any signs of irritation; the skin was well tanned when she left for her vacation in June. She returned the first week in September and came in for an examination and every thing was found to be all right; ten days after she called again in great excitement and told me that the former site of the cancer had caused her so much pain that she could not sleep. Upon examination a dark discoloration from a subcutaneous effusion of blood was seen and trouble was immediately suspected. It was deemed best however to wait for a few days in order to see how far the process was likely to extend. The pain increased in severity and the prostration was remarkable and in a few days unmistakable evidence of gangrene were present. She was losing so rapidly that I determined to put her into the hospital where I could op-

erate upon her at a moment's notice. She remained a week in the hospital when her condition became so grave that I operated at once. She was anesthetized and I carefully separated the necrotic area with a pair of scissors and scraped the base of the wound vigorously with a curette and was surprised to find no hemorrhage, and a hard glistening fibrous base was found below the ulcer. After thoroughly sterilizing the wound I took a knife, going beyond the hard area I cut a cup shaped disc of hard fibrous tissue in which many sections were made without discovering the presence of a blood vessel. I removed every shred of the hard tissue and left only normal tissue. When she awakened she did not complain of any pain and the wound granulated like any other healthy wound, and in six weeks she had completely recovered and went back to her occupation of teaching school and has had no recurrence in two years. A great number of these cases of delayed burns have accumulated, many of them not being reported in the journals, their presence being known only by correspondence.

TREATMENT.

This important subject has never received the consideration it deserves owing to the lack of experience of the operators. As a general rule each man does not get more than one or two cases at most before he begins to use extreme care to avoid a repetition of the trouble, and his experience with any one case is not of much value, although going far to help us make up our minds as to the best way to handle a case when we have one. The best way will always be found to avoid them as far as possible, or, at least try and confine them to the dermatitis stage which can carefully be done if the patient can be persuaded to expose the burn to the air. Nature throws out a protecting coating of gummy viscid character that serves the purpose in an admirable way as a dressing, and when it becomes too thick it can be removed by soaking in hot water for a few minutes. No soluble powder or chemical or any irritating application must be used under any circumstances, as they are all followed by a very destructive dermatitis that may reach the third degree or an extensive destruction of deep tissue. The only applications that I have found that would be tolerated are stearate of zinc, talcum powder (plain), and bismuth subgallate; petrolatum preparations are extremely dangerous to all of the tissue. Many of these preparations are strongly acid or alkaline as the case may be and will blister an X-rayed surface within 24 hours.

Extreme pain, prostration and a slight discoloration are indications for an operation, and the sooner the surface is removed down to a depth where it is well supplied with blood the better for all concerned; immediately the pain is relieved and the general health improves and we have only an ordinary wound to treat, cicatrization is prompt. In eight cases where I have advised it in consultation the results have been perfect.

Where a chronic burn exists as upon the hands of ray operators the fissures and cracks should be removed deeply, if a prolonged treatment in hot normal salt solution does not bring about regeneration. This treatment is carried out by immersing the hands in a normal salt solution for several hours at a sitting and prolonging the treatment for several weeks. This treatment will frequently save a pair of hands that appear hopeless.

Roentgen operators should try to the best of their ability to educate general practitioners and surgeons that an X-ray burn is different from any other thing known in medicine, and for that reason requires a different treatment than they have been using in their practice.

CAUSE OF X-RAY BURN.

As indicated in the beginning of this article a number of theories have been advanced to account for the strange phenomena in tissue, found only in rayed surfaces; but it is not necessary to discuss many of them, as time and experiments have proved them without foundation, and I think it is safe to accept Prof. Thomson's theory that they are due to the X-ray and to that alone. This does not exclude the fact that a dermatitis may follow an excessive amount of induction from a static machine, high frequency current, or an X-ray tube; but this fact is noted that a burn from the latter cause is not an X-ray burn, does not act like one, and will not react to chemical irritants like an X-rayed surface, and has never been known to destroy tissue like an X-ray burn.

A great amount of time and experiment have been given to this subject by all departments of medicine, and enough facts are now known to justify the belief that the X-ray has a peculiar biologic function, in other words the X-ray brings about a peculiar condition within the cell depriving it of its power of division. Numerous experiments have been made by means of the protozoa, and it has been found that the growth of the colonies can be controlled completely according to the amount of ray they absorb, in other words a colony of the protoza in favorable surroundings may live through 275 generations before they lose their vigor of reproduction and require stimulating by means of some chemical, as magnesium sulphite or sodium chloride, and then they amy again go through as many generations as before. It is curious that the protoza do not seem to respond to chemical stimulation after a certain amount of the ray is absorbed, and may die out in as few as 20 generations regardless of all efforts to save them.

These experiments give us a working hypothesis so that we can get an intelligent grasp upon this difficult subject. The body cells are made up of the protozoa in masses, and the life history of the body cell is very little different from the free protozoan, and it is not too much to believe that they would respond to favorable or unfavorable stimuli in practically the same manner. Now if the ray destroys or disturbs the vegetative functions of the cell, it is easy to account for the known and bad effects of the ray.

In cancer we have an embryonic cell undergoing a stimulation from some unknown source, and the tumor obtains a great size before we realize that anything serious has taken place, but when we use the X-ray upon the cells we inhibit their vegetative function; reproduction is inhibited or destroyed with the result that we have a retrograde process, and a cure can and does take place.

If we push the amount of ray beyond the inhibiting point we get a complete cessation of the reproductive function and the cells die, or are enfeebled to such an extent that the slightest unfavorable environment is followed by death, and extreme destruction takes place, and we have what is known as an X-ray burn.

The use of salt solution is justified by reason of its known function. Salt imparts new vigor to a debilitated culture of protozoa, practically giving a colony a new lease of life for a great many generations, and for this reason a prolonged bath of normal salt solution will impart a new vigor to these cells that have not been entirely deprived of their power of division. It is apparent that the use of any chemical might cause the death of these cells while they are suffering from the debility produced by the ray, and farther that the destructive effect might extend for quite a distance into the apparently

sound tissue. If it is apparent that a large area is suffering from the ray and that reproduction is suspended or destroyed a wide and deep operation should be made in order to reach cells that have their reproductive functions unchanged. Where this is done the X-ray burn will lose its terrors and will offer no more trouble in cicatrization than any other wound. The principal difficulty with the management of these burns in the past has been the lack of knowledge among the operators concerning surgical procedures. A prompt operation will relieve all of the suffering and effect a rapid repair.

(To be Continued.)

STRYCHNINE

By William F. Waugh, M. D., A. M., Chicago, Ill.

Emeritus Professor of Practice, Illinois Medical College

Strychnine is undoubtedly the most popular drug at present in use; both by physician and lay self medicator. It has largely replaced cinchona in the popular pick-me-ups, forms the solace and stay of the Keeley graduates, and a physician returning from a period of treatment in Johns Hopkins told the writer that during several months in that center of modern scientific fashionable medicine he never knew of any other drugs being administered except nux and hydrochloric acid. It is therefore essential that we should be fully acquainted with the physiologic effects and therapeutic applications of this potent agent.

Strychnine is one of a group of closely allied remedies, containing also brucine, thebaine, calabarine, laudanine and curarine, with several others. Beyond the fact that each of these resembles strychnine in a general way we know practically nothing of them. No doubt, when the alkaloidal remedies have received the close study they deserve, it will be found that there are valuable distinctions to be made in the action of these, fitting each one for certain specific uses and permitting a nicer discrimination to be made in their application. In one case of hemiplegia, where strychnine to full effect gave no benefit, the writer found that thebaine proved very useful. At present we are feeling acutely the need of a vasomotor tonic that acts with especial force on the pulmonary capillaries without affecting the general circulation. Adrenalin is exactly the reverse, affecting the general circulation but not the pulmonary —and we await the progress of alkaloidal study for the precise agent we need.

Strychnine enhances the acuteness of all the special senses. In treating morphine habitues we find that this drug, strychnine, increases the suffering of the withdrawal period unless it is prevented by free and continuous elimination. Strychnine increases the reflexes, and toxic doses cause muscular contractions on slight irritation; increasing to opisthotonos, the sardonic grin, cyanosis from respiratory spasm, and general muscular spasms alternating with relaxation. Death may occur from asphyxia, or after excessive doses, from central paralysis without convulsions. The spinal centers are more affected than the cerebrum. Small doses quicken and deepen the respiration. The heart is not directly affected except for a slight slowing due to stimulation of the center of inhibition—in which respect strychnine synergizes aconitine. The arterioles of the periphery are contracted, by central stimulation. The vascular tension is raised, especially in the internal vessels, those of the skin and possibly the muscles being dilated. The great muscular activity causes an increase in the excretion of carbonic acid and the absorption of oxygen. The internal temperature falls slightly while that of the skin rises.

Strychnine is eliminated mainly by the kidneys, for a week or more: part being oxidized in the tissues and part reappearing in the stomach. Its continued use begets tolerance. The young are especially susceptible to it. It stimulates all the unstriped muscles, large doses causing diarrhea, dilates the pupil, increases the amylolytic action of the pancreatic juice in small doses, and enhances the menstrual flow, testicular secretion, erectile power and venereal appetite, in both sexes. Eliminated in the saliva and other digestive secretions, strychnine tends to accumulate in the system by reabsorption from the lower bowel, whence it is taken up more rapidly than from the stomach. The slowness of its absorption and elimination renders it wise to suspend the administration of strychnine from time to time. It inhibits the movements of the leucocytes, but less than quinine. A red eruption has been credited to it sometimes.

Death has resulted from half a grain of strychnine, but 6 grains have been taken without a fatal result. The beginning of toxic action, or saturation, is denoted by flushing of the face, throbbing of the head, vertigo and faintness. In cases of poisoning, recovery is the rule if the patient survives for three hours. The diagnosis of acute strychnine poisoning may be made by the tonic convulsions, never clonic as in epilepsy. The jaw is not first attacked as in tetanus; in tetany other than the cervical muscles are affected with persistent rigidity; in hysteria the contractions are painless, and the history and aspect of the case are radically different; in hydrophobia the mind is affected and the history and duration of the attack differ.

In chronic poisoning the symptoms are extreme weakness, muscular pains, stiffness of the neck, clonic convulsions of the forearm with contracture of the finger flexures, vertigo, amblyopia and weak but regular pulse. In a case reported by Falkner the patient had taken gr. 1-30 four times a day for eight months up to her death.

The chemical antidote is tannic acid. The stomach should be washed out as strychnine tannate is slowly soluble. Chloral is an antidote. Pilocarpine and physostigmine are synergists. All relaxants antagonize strychnine, such as tobacco, alcohol, cicutine, morphine, glonoin, veratrine and gelseminine.

With such a range of action, strychnine is one of the most powerful and generally applicable remedies at our command. Like morphine and alcohol it does so many things and does them so well that there is a temptation to make of it a panacea, a remedy that increases the action of every cell in the body, stimulates every vital function, would seem to be applicable to every case requiring an increase in the exercise of any vital function. But in this universality of action we find the objection to the indiscriminate employment of strychnine as a stimulant. It is not scientific medicine to stimulate every function of the body when one or two functions have fallen below the normal standard of their activity. What we want is a remedy which will stimulate the single function which needs it without affecting the others which do not need it. When we have more thoroughly studied the action of the active principles, most of which are as yet known only to the chemist, we will find, I believe, that as with morphine and alcohol, there is scarcely a use to which each can be put for which we have not a more appropriate and better specialized remedy. The strychnine doctor will then follow the morphine and the whisky doctors into innocuous desuetude.

The special influence of strychnine in contracting the great abdominal trunks indicates its value in paretic states of these vessels. All snake ve-

noms cause such paresis, the most dangerous of poisonous mushrooms, the amanita phalloides causes it, and in the condition known as shock we have a close approximation to the same problem. In all these strychnine is the direct remedy but must be given strictly to effect; the doses being maximal and rapidly repeated. There is antagonism here, and a grain or more may be neutralized within each 24 hours. It has been shown that the failures in treating snake poisoning are due to too cautious administration of the drug, and failure to keep it up as long as the toxin is in operation. Twitching of the voluntary muscles must be produced, and the patient kept on the verge of strychnine poisoning until the danger is past. The first dose as advised by the discoverer of the method is from gr. 1-5 to 1-3 hypodermically, repeated as soon as the muscular rigidity begins to relax.

A similar condition is presented when men imbibe enormous quantities of alcohol, a pint or quart of whisky at a draught. Nothing but strychnine as above advised will save life here.

In atonic states of the digestive organs strychnine in small doses—gr. 1-67—in solution, exerts the same beneficial influence manifested by all bitter tonics; but it is better to reserve this grand remedy for more important purposes, and employ the equally efficient quassin, which is also better for lay administration as being harmless in overdoses; or berberine, which when continuously given for weeks has the inestimable power of contracting the relaxed connective tissue of the dilated stomach and bowels. But in the vomiting of pregnancy and especially of drunkards very small doses—gr. 1-500—of strychnine arsenate are exceeding useful.

When alcohol has been used habitually and the patient has discontinued it, there is a miserable sense of debility left, a feeling of helplessness and craving for the accustomed stimulus. Strychnine is the appropriate remedy, but the doses must be carefully adjusted, as there is a wide variation in the quantity of this drug the patient can bear. Give gr. 1-67 or 1-134 of the nitrate every half hour until normal tonicity has been secured—or in other words until the man's nerves are tuned up like a fiddle-string. Sometimes by the third dose the man will complain of unpleasant sensations in the head—suspend the strychnine at once and give him a grain of emetine, with precautions to prevent vomiting, and wait till elimination has removed enough of the toxins to render stimulation with strychnine safe; then begin it again. The normal tonicity should be sustained by just enough of the remedy, until his restoring strength enables us to gradually reduce and finally discontinue medicines. Men who have long been accustomed to keeping themselves just "even full," of whisky, may have to take strychnine for a year or more. The doses at first required may make the level-dose therapeutist who never exceeds gr. 1-20 or 1-40 shake in his boots. But if the cumulative method is employed there is nothing to be feared from even a grain a day.

Hemorrhoids, dilatations of any part of the alimentary canal, chronic diarrheas and dysenteries, are relieved by carefully regulated doses of strychnine, just enough to sustain normal tone. Dilatation of the heart is better treated by digitalin, but even with this great care must be used if fatty degeneration is present, when a single full dose of either may prove fatal.

There are certain forms of so-called asthma, where the heart in weak or the pulmonary circulation is a state of relaxation, in which no remedy gives such relief as strychnine. It must be given cautiously to effect, and it is best to be content with a little improvement rather than run the risk of exhausting the susceptibility and losing the benefits de-

rivable from this agent. Give gr. 1-134 of the arsenate or hypophosphite, and repeat every hour; if improvement does not follow increase the dose to any required degree, provided the effects are carefully watched and rashness of the desperate attendants is eliminated. The temptation to giving tremendous doses when the patient is apparently strangling, is very great. In a number of cases permanent cure has been reported, the doses being carried up in some instances to a grain a day.

While strychnine unquestionably increases the sexual power in both sexes, this is a bit of information which should be strictly guarded from the laity. It is a disaster for man or woman to learn this without knowing a great deal more. Humanity wants more sexual power despite the notorious fact that most men and some women would be the better for having a good deal less. Strychnine cannot bring back youth nor increase the stock of vital force. It simply rallies the reserves, to be used wisely by the very few, to be more quickly wasted by the foolish many.

Strychnine is a most important remedy in paralysis. When an apoplectic effusion has occurred, some nerve fibers are torn asunder, others are compressed by the effused blood, by the zone of inflammation surrounding the site of injury, and by the zone of oedema surrounding that. Recovery from the compression from each goes on more slowly than in the one outside. Some fibres do not resume their functions even when the pressure is removed. Strychnine comes in here, to arouse the nerves and restore their tone. In the latter respect it is better than electricity. It should not be given till the first period is past, that when we try to limit the effusion; nor in the second, when we are promoting its reabsorption but after six weeks have elapsed we begin cautiously with small doses and increase cautiously to full tolerance. And the word "cautiously is repeated purposely. All forms of paralysis come under this treatment. Strychnine will do all that medicine will for these cases.

Strychnine has been given with advantage for amaurosis, neuralgia, chorea, epilepsy and other neuroses. In such cases the neurotic habit may often be broken up by maximum doses of strychnine administered at the beginning of treatment. There is something in such cases to be gained by thus taking the disease by storm; whereas, if we commence cautiously and accustom the patient to the remedy by small doses we fail to get the desired effect. In all such cases, however, the personal hygiene should be carefully regulated, and especially every possibility of autotoxemia eliminated before any other treatment is instituted.

A long list of diseases might be added, in which strychnine has been used with real benefit. Some nicety of choice may be shown in selecting from the various salts from strychnine. In the treatment of the alcohol habit, the nitrate is usually preferred. It is quite soluble and readily administered hypodermically. The nitrogen acts up- and the kidneys and elimination is the keynote of success in all forms of alcoholism.

Strychnine hypophosphite is a useful reconstructive tonic in the young, cachectic, strumous, tuberculous, and may be readily combined with other hypophosphites.

Strychnine arsenate combines the properties of the two remedies and is most extensively employed when the vital incitation is indicated. The dose as to strychnine is two-thirds as strong as the sulphate, hence a granule containing gr. 1-67 of strychnine arsenate equals grain 1-100 of the sulphate.

Strychnine valerianate seems to act more quickly than any other salt. Small as is the quantity of valerianic acid present, it is not without activity; and

in nervous and hysteric cases, when given as a bracer, a restorer of tone in conditoins of hypochondria, neurasthenia, spermatorrhea and for the consequences of mental overwork this salt is preferable.

The power of sustaining the heart and respiration, of restoring tone to relaxed and dilated capillaries, and of reducing the internal temperature, besides inciting the vital forces, renders strychnine especially appropriate in the treatment of pneumonia. There are cases of so marked a sthenic type that strychnine is contraindicated; but in the large majority of cases it is of use at some stage of the disease and there can be no question that it exerts a powerful influence in averting the tendency to death.

In all fevers adynamia should be forestalled at the first sign of its approach, by the judicious use of strychnine.

Not the least of the benefits we owe to strychnine is the fact that it has entirely superseded the use of alcohol as a stimulant in the practice of medicine. It is in every case a better stimulant than alcohol, which is more than doubtful utility in this respect; there is infinitely less danger of the formation of the habit and if a habit should be formed the strychnine habit is assuredly preferable.

I am conscious that the half has not been said in this paper as to the therapeutic application of this priceless remedy but enough to show the leading indications for its use and the dangers consequent upon its abuse.

Never answer advertisements that promise to pay you thirty dollars a week for sitting home, doing nothing! Save your stamps and your common sense! The post-office hasn't cornered all the frauds yet!—American Magazine.

TREATMENT OF MALARIA

By J. A. Burnett, M. D., Cecil, Ark.

The fololwing treatment of malaria is reliable and if physicians who read this will paste it in their hats or brains and give it a fair trial they will never regret it.

℞

Elixir bromide potassium . . 45 parts.
Ext. sabbatia angularis fl . . 34 parts.
Ext. grindelia squarrosa fl . 10 parts.

M. Sig. To keep a chill off give half a drachm every hour for six hours beginning so the last dose will come one or two hours before the chill is due. At other times give one and one-half drachms every three hours.

In a dose of 90 drops there will be forty-five drops of elixir bromide of potassium (which contains seven and one-half grains of bromide potassium), thirty-five drops of fluid extract sabbatia angularis and ten drops of fluid extract grindelia squarrosa.

If this is flavored with sweet flag (calamus), the antiperiodic action will be increased. When the pulse is weak and much stimulation is needed add tincture of capsicum.

In pernicious forms of malaria the following should be used:

℞

Elixir bromide patassium . . 45 parts.
Ext. sabbatia angularis fl . . 35 parts.
Ext. grindelia squarrosa fl. 10 parts.
Ext. scutellaria lateriflora fl. 15 parts.
Tinct. capsicum. . . . . 15 parts.

M. Sig.: Dose, two drachms every two hours or one drachm every hour as long as needed then less frequent.

Bromide of potassium is a very useful remedy in congestion of any part of the body and adds greatly to this prescription.

Sabbatia angularis will without the aid of any other remedy cure most cas es of malaria. It is a valuable stom-

achic liver stimulant and antiperiodic. It will soon cure an ordinary case of biliousness and clean a coated tongue. It has many advantages over quinine and a much broader range of usefulness.

Grindelia squarrosa is the best known remedy in sub-acute and chronic forms of malaria. This remedy has no superior for enlarged spleen and is also very useful in enlargement of the liver. No physician practicing in a malarial district can afford to neglect grindelia squarrosa as it is a remedy of great value.

In the beginning of the treatment of malaria if the patient is very bilious vomiting bile and the pulse is full, small and frequent, doses of lobelia should be given in water until the patient vomits. This should be repeated until the patient vomits nothing but water. The lobelia should be given in hot water and an infusion will act best. The water should not be more than blood heat as very hot water will injure the action of lobelia. If the stomach contents are acid, bicarbonate of soda should be given to neutralize it. After the emetic is given an enema of an infusian of boneset should be given to thoroughly cleanse the bowels.

If the patient objects to an emetic or an emetic is not indicated and the liver and kidneys are torpid and the bowels constipated, calomel and niter should be given. If the patient lives where it requires large doses of purgatives three 10 grain doses of calomel and three 20 grain doses of potassium nitrate should be given alternately. Commence with the calomel and alternate with the salt peter every half hour until all are taken. Give the niter in a wine glass of water.

When calomel is used the patient will often have a desire for an acid and for this purpose the Broadnax acid iron tonic is very useful. It is also useful in anemic cases. The formula is as follows:

℞

Nitric acid full strength.
Hydrochloric acid full strength
a a.....ʒj.
Iron sulphate.....ʒij.

M. Sig. Let stand twenty-four hours and it is ready for use. Dose, 2 to 10 drops in a glass of sweetened water after each meal.

During fever the following will prove to be of much value:

℞

Specific asclepias.... .....ʒj.
Specific ipicac.....gtts. v.
Specific gelsemium.....gtts. x.
Aqua, q. s. ad..... ...ʒ iv.

M. Sig. Dose, one drachm every one or two hours.

Occasionally aconite will be indicated in place of the gelsemium. But aconite is not usually as beneficial in malarial fevers as gelsemium. It is claimed by some that gelsemium possesses antimalarial powers and it has been used to prevent or ward off a chill. It requires large doses for this purpose and should not be used for such only in cases where the pulse is strong and the patient vigorous.

I hope to hear from those who try this treatment and know that all who try it will be pleased far beyond their expectation.

For rheumatism, neuralgia, tonsilitis, pain and fever Dr. E. S. McKee, Cincinnati (Merk's Archives), recommends the following:

℞

Codeinae sulphatis, 0.25 or gr. iv.
Acetanilidi, 3.00 or gr. xlv.
Sodii salicylatis, 10.00 or dr. iiss.
Alcoholis, 15.00 or oz. ss.
Glycerinae, 15.00 or oz. ss.
Syrupi rubi idaei, 30.00 or oz. i.

M. S.—One teaspoonful every three hours. Alcohol to dissolve the acetanilide, raspberry syrup and glycerine to render the prescription more palatable.

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

(Continued from page 117 April Recorder.)

THE REPAIR OF THE LACERATED CERVIX.

Usually in connection with the bilateral laceration of the cervix a chronic endometritis will be found. This condition will require the use of the sharp curette. To remove the endometrium thoroughly with the sharp curette the patient should be given a general anesthetic. The cervix when extensively lacerated will permit the entrance of a curette without dilatation. The patient should be in the lithotomy posture. The uterus should be drawn down and steadied with forceps or a suture attached to the anterior lip. The uterus will be found large and its canal 4 or 5 inches long. This is due to imperfect involution the result of the laceration. The curette should be used with great care. Many women have suffered serious and fatal injuries as the result of the careless use of the curette. The thorough removal of the endometrium requires the systematic use of the curette. If the operator goes over the endometrium systematically several times in succession the small areas escaping the curette will not interfere with the satisfactory restoration of the parts to the normal following the operation. The operator need not give such particular care to the fornices of the uterus as so many direct. The use of a very small curette about the entrance of the fallopian tubes is particularly dangerous in some instances as the curette may pass through the wall of the tube or uterus in some instances. The uterus may be very easily perforated and the very small curette so popular with some operators may be dangerous even when used with care. The endometrium which one cannot reach with a medium size curette may be left with safety, the outcome will be satisfactory if the operator is thorough in other respects. How hard to press with the curette is the question so frequently arising. Don't press hard at all under any circumstance. This instrument should always be handled with great delicacy.

Following the use of the curette irrigations may be used. Some prefer packing the uterus with gauze. This may be removed at once or may be left in place. Iodoform gauze is favored by many surgeons for this purpose. Bleeding is controlled by packing. Irrigations should be hot. They may also be antiseptic. Care should be exercised in the selection of the antiseptic. Carbolic, lysol, creolin or bichloride solutions should not be used in the uterus following the curette. The weak formalin solution is the safest active antiseptic. One to five or ten thousand solutions are free from danger.

The cervix when extensively lacerated is everted so that the uterine canal will be lengthened by the repair of the cervix. Amputation may be indicated in certain conditions but in most instances it is not a very satisfactory operation. Many variations in cervical operations are described. The operation of Emmet is most often useful. Some operations are very attractively pictured in gynecological works but their value as surgical procedures exists chiefly in the minds of their originators.

The surgeon preceding the attack on the cervix should grasp both lips with forceps and restore the parts to the normal. He can measure with his eye the area to be denuded and then relaxing one pair of forceps should denude the posterior lip on both sides. The anterior lip should then be denuded and any scar tissue excised. Large masses

of scar tissue may require removal. Scissors may be used or a scalpel with a narrow blade. Scalpels must be sharp for effective use. When the scar tissue has been cut away sufficiently needles are passed through the remaining cervical tissue without much difficulty. The operator who breaks many needles in performing this operation is usually attempting to bury a quantity of scar tissue in closing the wound after denudation. Even if the laceration is made considerably large the scar tissue should be cut away. The operator may strike vessels which bleed rather freely. This hemorrhage will be controlled by the sutures and no steps need be taken to control it. The operator will find it much easier to work with the cervix drawn well down and should avail himself of the elastic condition of the uterine supports to draw the organ as close to the vulva as possible. Where the curette is not used preceding the repair of the cervix and the organ may be drawn down in easy reach so that the operation is possible without retractors it is possible to repair the laceration without a general anesthetic. The parts should be infiltrated with a one-half of one per cent solution of cocain. The operator after denuding restores the cervix to the normal by sutures. No suture material equals the silver wire or silkworm gut. The former is a little more difficult to apply but is unexcelled as a suture material. Catgut treated in any way is unsatisfactory and failure is likely to follow its use. Silk is preferable to catgut though the silkworm gut or wire is preferable. The cervix when restored should be patulous. To insure this a uterine sound or similar instrument should be passed after the operation.. Douches may be used in the after treatment. Antiseptics of various kinds are recommended. Unless there is more or less discharge they are required only for purposes of cleanliness. Where a discharge exists the zinc sulphate solutions are preferable to all others. One or two drams should be used to each quart of hot water.

(To be Continued.)

STREPTOCOCCUS INFECTION

By R. J. Smith, M. D., Smithfield, Utah.

Mrs. E. was confined on March 11 by midwife; on the 14th was taken with a chill lasting fifteen minutes, followed by intense headache, high fever, 104°, pulse 140. The high temperature continued for sixteen hours, when midwife suggested medical aid. It was found on examination that the labor had been easy, no lacerations, lochia free for two days with sudden suppression on the third day. Bowels had not moved since confinement. Lochia suppressed, no odor, no tenderness over uterus. Calomel was prescribed in small doses, to be followed by saline laxative in sufficient quantity to produce purgation; quinine capsules, each five grains, one every five hours until ringing in the ears was complained of, then every 6 hours; cold bathing to reduce fever, ice to head, and liquid diet, with weaning of the baby.

Temperature on the 15th, 102°, pulse 120. Continued treatment. On the 18th patient had a second chill, with severe headache and high fever, continuing until the 20th when blood examination showed streptococcus chains. Antistreptococcic serum, 20 c. c., was injected, repeated in 12 hours, with continuous improvement following second injection for three days. When patient again suffered a return of all the symptoms for two days, then an intermission of four days, again a return for 24 hours and complete recovery following. Patient was very weak and anemic but convalesced rapidly, being able to do housework in one month.

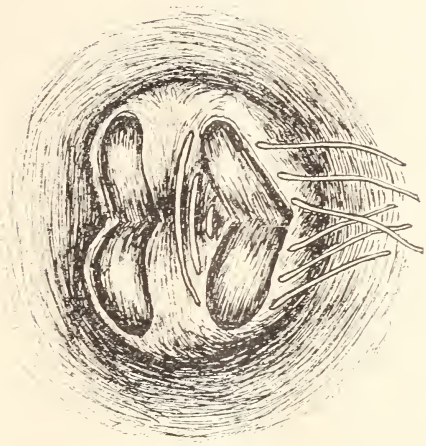


FIGURE I.

Figure 1. The cervix denuded. Sutures passed on one side ready for tying after sutures are passed in a similar manner on the opposite side.

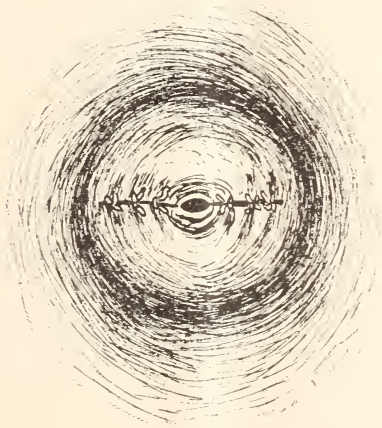


FIGURE II.

Figure 2. Sutures tied; operation complete.

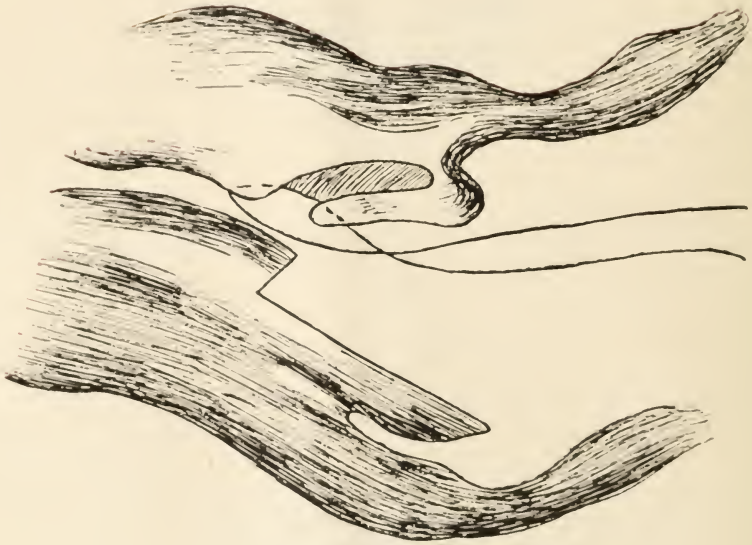


FIGURE III.

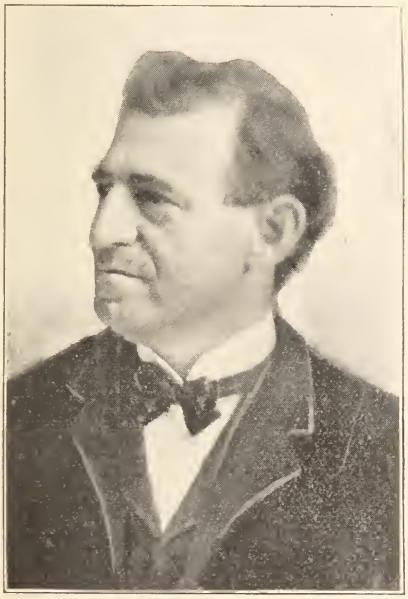
Figure 3. Manner of suturing after amputation.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

PRESCRIBING BLINDLY

As physicians what should we do when Mr. A., who is economical, calls, saying: "My wife is sick and our little girl is sick. I don't know whether they have fever or not but the girl has a sore throat. I know it is only biliousness"?



C. E. BOYNTON, M. D.

If the distance is great to his home, roads bad, night dark and pay a trifle uncertain, no wonder we put up a little medicine and tell him to be sure to call again soon. Still this is a risk to the patient and the reputation of the physician. If the patient lives near and we can make the call in a few minutes then if the man hesitates because he does not like to go to the expense of a call we should refuse to treat the case without an examination. I would say, do as little of this guess work prescribing as possible. It is dangerous to all concerned. If you have treated the patient in the past it is safe but then it is a risk. Some men are too accommodating to be physicians and they put up a little medicine, charge a small fee and risk it. Then it is said, "Dr. put up a little medicine and things came out all right." He may add, "And it only cost 50 cents." This is costly money, losing reputation and dangerous as well. Some people wait until night when they think a doctor will not wish to make a trip to the case, just to get him to risk a treatment that is all guesswork. A call like this coming to me once I insisted on going. Next day we operated for appendicitis.

It is a good thing if a doctor stops to figure up all the setbacks he has given himself in the last year by prescribing blindly.

C. E. Boynton, M. D.

CINCHONA

Cinchona, Peruvian bark, the bark of several varieties of cinchona, a tree native to the eastern slopes of the Andes, and has been planted largely in India, Ceylon and Burmah. It is the most useful and most frequently indicated of any remedy in malarial belts. Cinchona calisaya is the most useful variety. Other varieties are C succirubra, red bark, C condaminea, pale bark, C. pitayensis, pitaya bark, and C. micrantha. Cinchona contains 21 alkaloids but the bark is in most instances superior to any of its alkaloids. The four most important alkaloids are quinine, cinchonine, quinidine and cinchonidine. The action of cinchona is almost

the same as its chief alkaloid, quinine, which is soluble in 900 parts of water, readily soluble in alcohol, ether and chloroform. When quick action is desired it is best to use the bark in hot decoction or quinine sulphate in solution. When the remedy is used externally the quinine sulphate is preferred. It can be mixed with lard and applied to the inner parts of the thighs over the bowels and the under parts of the arms. It can also be mixed with hot goose oil, hot olive oil, or coal oil, and applied externally. Quinine sulphate can also be used by rectum and the very best results obtained. When using it by rectum it is best to combine it with hot olive oil and inject it into the rectum. The rectum should first be emptied by enemeta. The external and rectal use of quinine should not be lost sight of when prescribing for children and those who do not like to take the remedy by mouth, and the same can be applied to most all other remedies. When using quinine by rectum great care should be taken not to irritate the rectum. Quinine should not be used hypodermically as often serious results follow its hypodermic use. It is claimed by some that the use of quinine should always be preceded by a purge but this is a mistake if at the beginning of a disease and the bowels are kept clean by enemeta. It is generally admitted that quinine will develop hematuria in many cases and it is a well established fact that it is contraindicated in hematuria but still some careless observing physicians claim it never causes hematuria. Quinine is specific in acute malaria if the bowels are kept thoroughly clean by high enemeta but in other fevers it is of little value. A small amount of acetanilid, gelsemium or bromide of sodium will generally remove or prevent all untoward effects of quinine. But if these remedies should fail cornus florida should be used as a substitute. Cornus florida is a very good substitute for peruvian bark. It should be given in large doses. Quinine is a very good stimulant for the uterus during parturition. It will in mnay cases abort acute tonsilitis and is of much value in whooping cough, corzya, hay fever, eruptive fevers, and in many forms of neuralgia. Quinine is contraindicated in gastritis, cystitis, meningitis, epilepsy, cerebritis, middle ear diseases, acute inflammatory diseases, active hemorrhages, and all vascular nervous diseases. Quinine is antiseptic and antiperiodic. Dose 1 to 40 grains. It is rarely ever necessary to use more than four doses daily of three grains each.

J. A. Burnett, M. D.
Cecil, Arkansas.

A CURE FOR SYPHILIS AND OTHER DISEASES OF THE BLOOD

The medical profession has long hunted a cure for the above conditions, and outside of the mixed treatment of mercury and potassium, nothing effective has been produced, unless by inunction and hypodermatically. The inuction and hypodermatic methods are objectionable in many ways, and I propose to give a treatment that will prove of value to every physician doing active practice. My method is divided into what I term a two-day and one-day course, and this treatment can be kept up for months and years without a halt or the least danger, provided the attending physician will keep an eye on the patient and watch for any idiosyncrasies that may exist. Outside of the form of treatment I shall outline, whatever may be necessary as adjuncts should be promptly given. Do not tell your patient to marry or that he is cured until after an exhaustive microscopical examination the crypta syphilitica cannot be found in the blood.

TWO DAY'S COURSE.

℞

Bin iod. mercury.....gr. 1-40.
Iodide of strontium....gr. 2 1-2.
Stillingen .....gr. 1-6.
Ext. berberis aquifolium,
(wild grape)... .....gr. 2.
Copper phosphate (Merck)
.....gr. 1-16.
Iodide of arsenic.....gr. 1-100.
Strychnine arsenate...gr. 1-200.
Oil hyssop..... .gtt. 2.
Powd. ext. columba.....gr. 2.

Mix. For one compressed tablet.

Sig.—Spore-o-cide wafes.

Dose—One tablet half hour after each meal for two days at a time, the third day give spore-o-cide wafers.

ONE DAY'S COURSE.

℞

Double sulphide of cal. et mag.
(Burgess)..... ..gr. 4.
Iodized lime..... .....gr. 1.
Sodium formate.....gr. 1-2.
Potass. bichromate.....gr. 1-30.
Po. ext. echinacea gr. 4 (or
echafolta gtt. 4.)
Nuclein (Animal).....gtt. 2 to 4.
Charcoal, milk sugar, q. s. to make one wafer.

Sig.—Spore-o-cide wafes.

Dose—One wafer chewed or crushed half hour after meals every third day.

A very important part of the treatment is to keep the bowels in a semi-lax condition, and the preparation used should be such as to stimulate the liver and bileducts. Flush the kidneys, eliminate uric acid poison, aid digestion, move the bowels, filter the blood, and carry off waste, ferment and germs, and the one remedy fulfilling this purpose is the ethpharmacal remedy known as tay-loid lithia seltz (old name, laxolithia seltz).

℞

Magnesium sulphate.
Sodium phosphate.
Sodium sulphate.
Sodium benzoate.
Sodium thiosulphate.
Sodium nitrite.'
Potassium bicarbonate.
Potassium bitartrate.
Lithium benzoate.
Citrated caffeine.

Mix.

I usually prescribe from one-half to one teaspoonful of this dissolved in one-half glass water, to which I add one to two tablespoonfuls of saccharated fl. ext. jatropha stimulosis (said fluid ext. can be had pure of Dr. Wm. Burgess, Avondale, Tenn; so, too, the double sulphide of calcium et magnesium in the wafers), and I am governed in the size of the dose according to its laxative or cathartic action. To be given night and morning on an empty stomach. Doubtless many are ready to say, "Polypharmacy outdone." Be it known to all intelligent prescribers that the digestive organs in acid and alkaline media have the power to disassociate such a compound and appropriate the medicaments of each ingredient separately, thus delaying absorption and allowing one or more to work at a time in the different media. Verse 7, Psalm 51, reads: "Purge me with hyssop and I shall be clean." You see that the spore-o-cide tablet has the oil of hyssop, which is claimed by eminent writers to cure syphilis, cancer, cirrhosis of the liver, etc. I am making known to the professional world such discoveries as I have made in the course of 35 years' active practice and I beg that those manufacturing pharmacists who may make up the various formulae I shall make known, will be governed strictly by ethics and in cataloging these products, will give credit to the author or inventor of the same. They can adopt the names I have given or any name they may select, but the formula to be mentioned as promulgated by me. As it takes time and trouble to write for the different medical journals, I am

confining my writings to a few, but ask all other journals, if they want to, to copy these letters as if written expressly for them.

In the March issue Therapeutic Record, Louisville, Ky., appeared a paper by me on "How to Prolong Life to an Extreme Age." In the March issue of the Medical Summary, Philadelphia, Pa., appeared an article from me on "How to Save Life From Heart Disease."

J. Zachary Taylor, M. D.
515 N. Carey St.,
Baltimore, Md.

OBSTETRICAL NOTES

Post-partum hemorrhage does not occur often, but has a way of coming when we least expect it and are the most unprepared. It more often occurs in anaemic or tuberculous subjects. Thus far I have in all cases succeeded with these measures, wholly or in part: Get the uterus to contract by kneading and cold applications. Ice or vinegar tampons to the cervix. Elevate the hips. Next give brandy and ergot. While attendants are carrying out these measures prepare a hypodermic of morphine and atropine. If the woman is nearly exsanguine a hot saline solution per rectum does good.

Retained placenta is always a matter of regret. It is likely to become disintegrated in its removal, clots and pieces being retained, thus favoring septic infection. Many authorities say to let the woman rest from thirty minutes to two hours before attempting placental delivery. For this alleged scientific (as well as esthetic) reason I have in times past delayed in delivering the after-birth. It has been in this class of cases that I have experienced my greatest trouble. Often the uterus has gained a state of passivity which the proverbial dram of ergot does not overcome. Of late years I "go after" the placenta promptly, there being no contraindication for so doing, and I no longer experience trouble along that line.

It is often a puzzle to the obstetrician to know what is best to do during and preceding the first stage of labor. To maintain a "masterly inactivity" often means to invite the criticism or contempt of patient or friends. When the nagging pains are only exhausting the woman's strength she wants relief. Neurilla in teaspoon doses to effect quiets the nervous system and aids in softening a rigid os. If the pains are not of sufficient strength quinine in five grain doses every hour does much good. Chloral is useful in relaxing a rigid os, but neurilla is safer and leaves no after-effects. When the os is well dilated but unyielding an emetic—ipecac—is often serviceable. Chloroform relieves suffering and facilitates labor in the majority of cases. In some cases, however, chloroform seems to retard labor. Many women object to chloroform on account alleged danger from its use. It should be remembered that a rectal injection and a sitz bath are also great factors in promoting a tardy labor.

Above all the man who wishes to have the reputation of being a good obstetrician should, while in attendance upon a case, have for his motto and guide: "Keep busy."

W. T. Marrs, M. D.
Jewett, Illinois.

The face of a man gives us fuller and more interesting information than his tongue; for his face is the compendium of all he will ever say, as it is the one record of all he has thought and endeavored.—Schopenhauer.

The most manifest sign of wisdom is continued cheerfullness.—Montaigne.

ALSTONIA CONSTRICTA

Alstonia constricta is a small tree or shrub of the apocynum family. It is a native of Australia, hence its common name, Australian fever bark, and it is also called bitter bark on account of being intensely bitter. It is of a yellowish brown color and contains a dye. Alstonia constricta in many ways acts similar to cinchona but lacks the astringent qualities of cinchona, hence has a wider range of usefulness. It is a reliable antiperiodic, is claimed to be as reliable antiperiodic as cinchona or its alkaloids and to have cured malaria after cinchona preparaions had failed. It is much superior to cinchona in all chronic forms of malaria. This remedy is also a valuable nervine influencing the general nerve structures, a tonic both general and stomachic, and a stimulant and somewhat antiseptic. It invigorates the circulation, improves secretions and is well suited to depressed and atonic conditions.

Alstonia constricta is a non-toxic agent but when too much is given it produces headache and nervousness. The ordinary dose is one grain of the powdered bark or one drop of the fluid extract. This amount can be repeated every one, two or three hours as needed. As much as six grains can be given at a dose in inveterate cases of periodicity.

This remedy does not act as a laxative in a direct manner but it increases the secretions and excretions of the intestinal canal when indigestion or constipation exist thereby improving digestion and softening the stools, increasing their quantity and the desire to go to stool.

Alstonia constricta given in two grain doses every two hours is said to be of value in recent colds or coryza. It is claimed that it will re-invigorate the system, establish the secretions and excretions, which have been suppressed and sustain the vital forces. It deserves a thorough trial in grippe. Dr. A. W. Bixby in speaking of alstonia constricta, said: "Its action resembles in many respects the combined action of quinine and nux vomica. It is an antiperiodic of the highest type, giving better satisfatcion to my mind than quinine or cinchonidia. It is a cerebro-spinal stimulant and tonic, acts positively upon the great sympathetic nerve centers and consequently increases positively and permanently the vital forces of the entire system. In a large majority of cases of intermittent and remittent fevers it is a superior remedy. I prepare the system for its use by the administration of the proper sedative then alstonia often effects a speedy cure.

"In typhoid and puerperal fevers where an antiseptic and nerve tonic is demanded it answers well.

"A case: Patient complains of being tired, exhausted, no life, impaired appetite, constipation, headache, restless at night, rises unrested, feels cross and irritable, tongue slightly pale, furred and quivering when protruded, at times feels feverish and aches all over. With such indications which betray a general depression of the nervo-vital forces alstronia acts like a charm. Under its influence in one or two grain doses every two to four hours, the whole system is soon invigorated, the brain becomes clearer, i. e., acts with more energy and accuracy, the heart acts with more vigor, filling and warming the extremities with more blood, the eye scintillates with an augumented brilliancy and in short the whole being seems to be renewed and endowed with new power and vigor."

Alstonia constricta is a very valuable remedy in malarial diseases as well as in various other conditions. It is a remedy which deserves further investigations.

HEART REMEDIES

According to all my experience specific cactus is the best heart remedy for most all abnormal conditions of the heart. It will certainly sutsain the heart

when almost exhausted in the later stages of prolonged acute disease and it will pick up a skip beat better than any other remedy I have ever used. I gave specific cactus in two drop doses once a day to a five-year-old girl whose heart would skip beats only when asleep and had been doing this for over two years. In less than three weeks she was entirely cured.

When the haert is overworked, that is, beats from 110 to 130 a minute, with no fever I give cactus.

Not long ago I was called to see a young lady and found the temperature normal, pulse 120 per minute, when in bed, after being there all day. A physician had been treating her before I was called and prescribed good size doses of strychnine which she said she could not take on account of it giving her the "thumps" as she called it. She said every dose would make her worse and give her the "thumps." This was bad prescribing as the strychnine was whipping the heart to death. If the pulse had been down about 60 or 65 and weak then strychnine could have been used with good results.

Strychnine and digitalis are very often used for heart remedies, probably more often used than most any other remedies. When the heart is weak and slow strychnine will do very well but I never use it when the heart is very rapid as in such cases it will not do good but actually do harm and another physician is likely to be called if the patient notices it. I have but little use for digitalis as it is a very complex drug and a very dangerous one. Some may say use the alkaloid. I notice those who advocate alkaloids strongly, use the combined alkaloids which more resembles the whole plant.

An old-time remedy and one which is often prescribed by many country physicians is equal parts of the tincture of digitalis and belladonna in 10 to 15 drop doses, every two, three or six hours as needed. A few physicians use a mixture of hydrastis and capsicum for a heart tonic. The hydrastis sustains the circulation in the veins and the capsicum in the arteries. Often scutillaria added to the hydrastis and capsicum will greatly assists as it sustains the nervous system and through it has a favorable influence on the heart. I have found that alstronia constricta is a very useful heart tonic and is valuable in cases where the heart is weak. It acts somewhat simlar to cactus but much milder.

J. A. Burnett, M. D.

Cecil, Arkansas.

The Country Doctor Obsolete: The country doctor is rapidly becoming extinct as a species. The men one meets at these societies look, dress, talk and act, as the men do at any meeting of city physicians. The papers presented are quite up to the standard, the discussions markedly above those of the city men. Therapeutics is discussed intelligently, scientifically, without undue optimism, without a trace of the silly pessimism too often assumed by the city physician to disguise his crass ignorance . The surgical experiences related would astonish some men who think the city clinics and clinicians do all of this work, or at least all that is well done.

The American Illustrated Magazine, formerly known as Leslies' Monthly, has shown marked improvement of late and the May number shows continued advancement. H. J. O'Higgins writes an interesting illustrated article "Purged by Fire", showing the training and life of New York firemen. "The Finger Tips of Allah" is a beautifully illustrated article by Braughton Brandenburg on Biskra, heart of north Africa. "I Am Nothing; Freedom is All" is the personal story of the Russian revolutionist Naroduy, by Leroy Scott.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

A SIMPLE METHOD OF STERILIZING AND STORING CATGUT.

Dr. Willard Bartlett of St. Louis reported about a year ago a simple method of preparing catgut for surgical purposes, which having since been tried by other surgeons and found satisfactory, deserves to be generally known. It may be stated that, among others, it is now largely employed by the Mayos. The raw gut is put through the following course of treatment:

(1). The strands are cut into convenient length, say thirty inches, and made into coils about as large as a silver quarter and strung like beads on to a thread, so that they can be conveniently handled by simply grasping the thread.

(2). The string of catgut coils is dried for one hour at a temperature of 180° F. and then for another hour at 220°, the temperature being raised gradually.

(3). The catgut is placed in liquid albolene, where it is allowed to remain until perfectly clear. This is usually accomplished in a few hours, but it is best to allow the gut to remain in the oil over night.

(4). The vessel containing the oil and gut is placed upon a sand bath and the temperature raised during one hour to 320° F., which temperature is maintained for a second hour.

(5). By seizing the thread with a pair of sterile forceps the catgut is lifted out of the oil and placed in a one per cent solution of iodine crystals in Columbian spirits and the thread withdrawn. In this fluid the gut is stored permanently; it is ready for use in 24 hours.

This is a simple, quick and economical procedure. The finished product leaves nothing to be desired as to tensile strength and pliability. The gut lasts for a sufficiently long time in the tissues, the No.2 generally requiring about one week for its absorption. The material does not deteriorate with age as far as strength and sterility are concerned. Bacteriological examination of strands taken from a jar frequently opened in the course of a year has shown them to be sterile and entirely safe.

ADVANCE IN DIAGNOSTIC METHODS.

Modern pathology, bacteriology and biology date their beginning from the time of the improvement of the microscope in the early part of the last century and have since been measurably advanced by every new development in the technical use of optical appliances. During the last year or two experiments have been carried on at the Zeiss works in Jena which open up new vistas and may lead to great scientific advances. They employ objectives made of quartz crystal which have twice the index of refraction as the best immersion lenses ordinarily used with micro-photography, under illumination by the ultra-violet ray, the wave length of that form of light being found to be most adequate for the desired work. Space forbids to go into a detailed description of the complicated apparatus. The procedure is novel and known to but few. The remarkable results obtained by it in Jena have been repeated in this country, as far as the writer is aware, only in the

pathological laboratory of Harvard Medical School, the only place where the necessary apparatus has been installed. Councilman and his co-workers, Ernst and Wright, have been able to show by the new method in the living, unstained cell organisms, such as the spores of smallpox, which heretofore could be seen only in stained preparations and were therefore frequently declared to be artificial products. As these organisms are now shown by the photographs exactly as by the stained preparations, the objection cannot hold and their reality cannot be doubted any longer. There appear furthermore in these photographs bodies which cannot be seen at all under the microscope alone, stained or unstained, and whose identity has not yet been ascertained. No reports of these labors have so far been published. This brief account is based on private information the writer has been fortunate enough to obtain. The possibilities of the new method are enormous. Most important discoveries in the bacteriological field may be expected from it, such as perhaps the finding of a cancer germ which so far has eluded all search.

A NEW FIELD FOR PHYSICIANS' ACTIVITY

Great public service has been rendered by the owners and editors of Collier's Weekly and the Ladies' Home Journal through the merciless, relentless and effective war they have carried on against the patent medicine evil. These widely read journals succeeded in doing what our profession, in spite of long continued effort, has failed to do, attract attention and arouse popular indignation. But the first impetus for this campaign against fraud and wholesale poisoning has certainly been given by the medical profession. This movement now being fairly under way and headed toward success, physicians, always leaders in every sanitary, moral and social reform, are beginning to devote their energies to a new issue of vastly greater importance, for it does not concern itself with mere commercial frauds or the physical welfare of even a multitude, but with the vitality of the entire race. It is the problem of stemming the progress of venereal diseases. Nobody knows like the physician the terrible extent to which they prevail among all nations and classes of society, understands that they are either the direct cause of many other diseases or aggravate them fatally, realizes how the folly or misfortune of one always makes other innocent victims and poisons the life of generations unborn, that the modes of infection are many and all around us and that no other plague in a like degree saps the vitality and threatens the existence of the human race. The cause of humanity demands that a check be placed upon them.

In some European countries, Germany, France, Italy, Holland, steps have been taken and in our country, about a year ago, a society for moral and social prophylaxis was organized, under the presidency of Dr. Prince A. Morrow, and counting among its members many of the most thoughtful medical men and women. The object of the society is to educate the public, for the physician realizes that he is powerless in this matter without the co-operation of the people, just as he was powerless against tuberculosis, until the people began to understand the true nature of the disease and the chances that lay in rational treatment. Under the auspices of the society series of public meetings have been held in New York and other cities, as a very successful one was in Detroit not long ago, for the discussion of these questions by doctors, clergymen, judges, lawyers, educators. At these occasions physicians naturally take the role of leaders and teachers, for the members of the other professions have very little knowl-

edge of the subject and are always filled with amazement and distress on learning to what extent the nation is permeated by the effects of venereal diseases. A conviction has grown out of these consultations of the leaders and moulders of public thought that a remedy for the evil is not to be sought in laws or police regulations which wherever tried have proven ineffective, but in the education of the masses, especially the young. The teaching of physiology is now included in the curriculum of most schools, but it stops always short of the most important subject, procreation and the phenomena of sexual life. These functions, the most essential and towards the performance and perfection of which all nature tends, are conventionally regarded as unclean or unholy. The young are given no instruction about them, but are left to find out for themselves as best they may. They find the worst possible, usually, and in the worst possible way. Sex relationship should be understood and the dangers from venereal infection, not as a subject of ribald jest, but of reverent consideration. Education along these lines offers the only hope of real relief, of the youth not only in high schools and colleges, but of the many in the common schools and at a comparatively early life. Physicians know that a great majority of venereal infections occur in the young and inexperienced through ignorance and lack of moral training. In this educational campaign, truly a holy crusade, must and soon will be enlisted the active efforts of all who have the welfare of humanity at heart. Work is to be done not only in the large cities, but throughout the entire land. The duty and privilege of leadership fall more than upon all others upon physicians, foremost the family physician, by reason of their special knowledge and the intimate and confidential relationship of their calling. They will respond to the demand.

TUBERCULOSIS OF THE CARPUS

This patient was presented by Dr. V. C. Pederson at the last meeting of the Clinical Society of the New York Polyclinic Medical School and Hospital. She was a young woman who had suffered from tuberculosis of the wrist for many years. Several years ago a palmar operation was performed in a small town up the state, but there are no evidences that tuberculosis ever existed in the hand. Two years ago the wrist was operated on, a median incision being made, and a year ago two lateral incisions were made. The wrist is now free from pain, and except for the ankylosis of the joints which followed the first operation, there is no difficulty in using the wrist.

In dealing with tuberculosis of the wrist, the speaker said that an operator often forgets the diverticulum of synovial tissue which passes upward between the radius and the ulna. At the last operation performed upon this patient, it was at this joint that the first focus of tuberculosis was found. The largest synovial pouch passes forward between the surfaces of the metacarpal bones, and here was found the second focus. Both foci were removed and the patient recovered. As a matter of precaution, she is wearing a metal splint while performing her household duties. The ankylosis of the fingers is the result of the operation performed four years ago, and nothing seems to correct it.

If marriage had been a failure this civilization would not be here.

Many compensations come in life that are not included in our pay.

Sometimes we send a thief to catch a thief that robbed a thief.

So many men are brave after the event.—American Magazine.

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY

J. P. THORNE, M. D.

JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:

$1.00 Per Year in Advance; Single Copies, 10 Cts In the United States, Canada and Mexico. Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 9 MAY, 1906 No. 5

EDITORIAL NOTES

Every physician, whether an X-ray worker or not, should read the article on X-ray burns in this issue of The Recorder.

Many of our readers who have enjoyed the terse writings of the late Dr. C. E. Boynton will be glad to see his likeness which appears on another page of this issue. Dr. Boynton always wrote exactly what he thought and what he believed right, regardless of how anyone else regarded his views. His writings abound in practical hints and suggestive thoughts. He could write very good verse and left at his demise sufficient material for a large volume of poems.

The family refrigerator has become a family necessity in recent years, even to people of limited means. It is a preventative of disease by preserving foods but it is also a source of disease from neglect. Every refrigerator should frequently be thoroughly cleaned in every corner and the drain pipe always kept clean. Most ice contains organic matter which collects and pollutes the air and the food contained in the refrigerator. No putrifying food should be kept in the refrigerator as there is danger of infecting all the food. While the refrigerator hinders decomposition yet it does not prevent it for all time as some people seem to think. If investigated it will be found that many diseases have their origin in the family refrigerator.

Dr. S. C. Martin, of St. Louis, died March 27. He was editor of the Medical Era, professor of dermatology in Barnes Medical College and a man of integrity and popularity. He delighted in medico-literary work and the productions of his pen have been read with profit and enjoyment by thousands of physicians. He contributed an excellent original article to The Recorder, April, 1898, on "Chronic Cutaneous Ulcers and Treatment."

Doctor Solomon Claiborne Martin was born October 25, 1837, in Claiborne County, Mississippi; he received his academic education at the University of Michigan, and graduated in medicine from Tulane Universtiy and spent two years in Germany. During the Civil War he became a medical officer in the Confederate Army, with the rank of Major, and was attached to the staff of General Wirt Adams, Independent Cavalry, and afterwards with General Albert Sidney Johnson. Doctor Martin was one of those present at Johnson's death. The Medical Era will be continued by his two sons, Dr. S. C. Martin, Jr., and Dr. Clarence Martin.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

NASAL SINUS SURGERY WITH OPERATIONS ON NOSE AND THROAT. By Beaman Douglass, M. D., Professor of Diseases of the Nose and Throat in the New York Post-Graduate Medical School and Hospital. Illustrated with 69 full-page Half-tone and Colored Plates, Including Nearly 100 Figures. Royal Octavo, 256 Pages. Bound in Extra Cloth. Price, $2.50, net. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia, Pa.

This volume on nasal surgery written to supply the demand made by physicians attending Dr. Douglass' clinic at the New York Post-Graduate Medical School, will be welcomed by practitioners everywhere. The book opens with a review of the anatomy of the nose which clearly presents the anatomy necessary for the nasal surgeon. Then several chapters are devoted to the surgery of the sinuses—frontal, ethmoidal, sphenoidal and maxillary. The anatomy and surgical operations of these sinuses are very concisely and plainly given. All the operations performed on the nose are presented in detail. The book shows that the author has had a large experience and is an operator of skill and judgment. Judgment is as necessary in nasal surgery as in general surgery. In describing inferior turbinectomy, Dr. Douglass says: "Care must be taken in this operation not to remove a large part of the inferior turbinated body, for this turbinate is functionally the most important structure within the nose and cannot be removed without destroying some of the nasal functions. Atrophic rhinitis, pharyngitis sicca, and a long list of symptoms from dryness of the respiratory membrane, are apt to result if too much of the inferior turbinate is removed." Excellent directions are given for performing the various operations on the tonsils, uvula and adenoids. The operation for adenoids has become so common that many operators fail to remember the dangers of the operation. Dr. Douglass calls attention to the dangers of hemorrhage and sepsis and tells how to handle them. He advises as a general rule the use of a general anesthetic when removing adenoids. The concluding chapter of the book is devoted to laryngotomy and tracheotomy.

Every practitioner interested in surgery of the nose and throat should have this volume, as all the operations are clearly described. The numerous plates are beautifully printed and add much to the book.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Articles on Treatment, Medicine, Neurology, Surgery, Obstetrics Gynecology, Orthopedics, Pediatrics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession throughout the World. Edited by A. O. J. Kelly, A. M., M. D., Philadelphia. Vol. I, Sixteenth Series, 1906. Pages, 310. Illustrated. Cloth, $2.00. J. B. Lippincott Co., Philadelphia.

This volume presents a great variety of late literature of importance to the medical practitioner. Dr. James Tyson, of Philadelphia, contributes a valuable article on "The Medical Treatment of Exophthalmic Goitre." "The Treatment of Gastroptosis" is a practical

contribution by Dr. A. P. Francine, of Philadelphia, who gives excellent suggestions for treatment and a number of good formulae. "Coughing and Its Relation to Treatment," by Dr. J. M. French, of San Diego, California, presents some useful hints. "The Dechloridation Treatment in Diseases of the Heart," by Dr. Ernest Barie, of the Paris Hospitals, is an article of unusual interest.

There is no question but venesection is of value in a number of disease conditions, although it has fallen into such disrepute it is seldom resorted to. "The Indication For, and the Method of Performing, Venesection," by Dr. J. W. Wainwright, of New York City, presents some good reasons for the use of the procedure. He names a number of conditions in which venesection is followed by gratifying results: Puerperal eclampsia, pulmonary hemorrhage, pulmonary edema, cardiac dyspnea, spasmodic asthma, irregular menstruation accompanied by migraine, cerebral apoplexy, croupous pneumonia, emphysema, hyperemia of the lungs, pleuritis, congestion of the brain and of the liver, aortic aneurysm and simple anemia.

"The Diagnosis and Treatment of Membranous Tonsilitis," by Dr. Lewis S. Somers, of Philadelphia, is an article well worth reading; it is illustrated with six colored figures, showing the different forms of membranous tonsilitis. Dr. Russell A. Hibbs, of New York City, contributes, "A Method of Lengthening the Achilles Tendon and other Tendons"; his methods ought to give good results and should be considered by every operator. "The Causation and Treatment of Eclampsia, with Special Reference to the Methods of Accomplishing Rapid Delivery of the Fetus," by Dr. Jos. B. De Lee, of Chicago, is an exhaustive and valuable contribution, illustrated with plates, some colored.

This volume contains the annual report on Progress of Medicine during 1905, which in itself is worth the price of the book; over 100 pages are devoted to these abstracts of the year's medical literature. Dr. A. A. Stevens, of Philadelphia, reviews the progress in Treatment, giving the latest in therapeutics. Drs. D. L. Edsall and V. Nisbet, of Philadelphia, furnish the review of Medicine, giving abstracts of the year's literature with comments. Dr. Joseph C. Bloodgood, of Baltimore, contributes the report on Surgery; this section is illustrated with a number of fine plates.

The illustrations in this book are numerous and of unusual excellence. This is one of the best issues of this series, every volume of which is worthy a place in every medical library.

THE PRACTICAL MEDICINE SERIES. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery, Under the General Editorial Charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Vol. I. General Medicine, Edited by Frank Billings, M. S., M. D., Head of Medical Department and Dean of the Faculty, Rush Medical College, Chicago, and J. H. Salisbury, A. M., M. D., Professor of Medicine, Chicago Clinical School. Series 1906. Pages, 369. Illustrated. Cloth. Price, $1.25. Price of the Series of Ten Volumes, $10.00. The Year Book Publishers, 40 Dearborn St., Chicago.

This series of year books is published primarily for the general practitioner, covering in the ten volumes the whole field of practice, but the separate volumes may be purchased by those interested only in special subjects. In the general preface it is pleasing to note that Dr. Head states that there is a steady advance in the quality of the

world's medical literature. The names of the editors of this volume assure a valuable book. The year's progress in the following is presented: Diseases of the respiratory organs, diseases of the circulatory organs, diseases of the blood and bloodmaking organs, general infectious diseases, metabolic diseases, diseases of the ductless glands, rheumatoid diseases, diseases of the kidneys. Over a hundred pages are devoted to tuberculosis and about fifty pages to pneumonia, and a number of new suggestions and valuable hints are given on these diseases, which take so many victims annually. Excellent abstracts are given on all the subjects, with comments by the editors. The book is illustrated with a number of half-tone plates and figures.

PRICIPLES OF SCIENTIFIC SOCIALISM. By Rev. Chas. H Vail, Author of "Modern Socialism." Pages, 237. Cloth. Price, $1.50. Chas. H. Kerr & Co., 56 Fifth Ave., Chicago.

Socialism is a cause which is steadily growing and its importance is such that it is well for every thinking man to understand it, even though he is opposed to its teachings. This is a thorough treatise on socialism giving a clear understanding of its principles. In his preface the author says: "The socialism of today is distinguished from the Utopian theories of the past by the fact that it is scientific. * * * The Utopians did well, but it was left for Carl Marx to clearly point out the source of surplus value and the evolutionary tendency in economics. Marx did for economics what Darwin did for biology. The discoveries of Marx placed socialism upon solid ground and reduced it to a science. Modern socialism, then, is scientific and rests upon a historical, economic and scientific basis. It points out with accuracy the laws of social and economic evolution."

The book opens with an interesting chapter, "The Industrial Evolution," which tells of the industrial evolution from the era of small production by the individual workman owning his own tools to the present era of modern mechanical production and trust ownership. Two chapters are devoted to an analysis of value and the socialistic explanation of surplus-value. The author clearly presents his views on the advantages and strength of socialism. The socialists expect that the present trust ownership will evolve into public ownership and result in the establishment of a co-operative commonwealth. The book describes some ideal conditions but we fear that there must be a radical change in human nature before they can all be attained. We can commend the book to those wishing to obtain a clear, concise and accurate statement of the principles of socialism.

BOOK NOTES

The illustrations in the May McClure's are by such notable artists as Andre Castaigne, F. D. Steele, Orson Lowell, N. C. Wyeth, W. Glackens, F. Walter Taylor, Harry Fenn, Charlotte Weber-Ditzler and others.

"Infant Feeding" is the title of an excellent booklet issued by the Illinois State Board of Health, for free distribution. It contains splendid advice to the public on the feeding and care of infants. Much credit is due to Dr. J. A. Egan, Springfield, Ill., for the literature sent out by the Illinois Board.

In the May Cosmopolitan David Graham Phillips continues, "The Treason of the Senate." In this chapter he writes of Senator Gorman as "the left arm of the money power in the senate." "Frozen Nightmares" is an illustrated article on the work of

Boleslas Biegas, sculptor and mystic, by J. Hawley. "Racial Traits in American Beauty," by Broughton Brandenburg, is a beautifully illustrated article. Other articles are: "The Vanity of Big Houses," by John Burroughs; "Yachtswomen of America," by Gertrude Lynch; "Polo Made Plain," by J. J. McNamara; "Our Paupered Actors," by Alan Dale. The number contains a great variety of fiction.

The March McClure's is a strong number of this popular magazine. Burton J. Hendricks contributes the first article of a series on "The Story of Life Insurance." These articles will give the facts about life insurance. In the series on "Great Masters in Literature," Geo. Edward Woodberry contributes an illustrated article on Milton. Carl Schurz continues his "Reminiscences of a Long Life." "An Actress—on Guard" is an interesting article by Clara Morris. "Robin Goodfellow—His Friends," is the title of a new series of stories by Rudyard Kipling, beginning in this number. "Idella and the White Plague" is a short story which every doctor will enjoy reading. Stewart Edward White furnishes another fascinating story in his "Arizona Nights." The number contains many good short stories and illustrations.

Most notable, perhaps, among several notable articles in the May Everybody's Magazine, is Lindsay Denison's "Making Good at Panama." Mr. Denison's is the first authoritative story of the work being done on the canal. He went to Panama armed with a letter from President Roosevelt instructing all government officers and employees to tell the bearer the whole truth "whether it hurts or not." "Making Good at Panama" will give you real impressions as if you were looking with your own eyes, and, best of all, the truth will not hurt; it will line you up enthusiastically with the President and Taft and Stevens. "The Condemned-Meat Industry," by Upton Sinclair and Part II. of "The Coal Trust, the Labor Trust, and the People Who Pay," by Hartley Davis, are timely articles. "Fools and Their Money" is the suggestive title of the article by Thos. Lawson. Vance Thompson draws a delightful word picture of Armand Fallieres in "The New President of France."

A glance at some of the articles in the May World To-Day is sufficient evidence of the great value of the magazine. "St. Louis After the World's Fair," illustrated, by Rolla Wells; "Shall We Still Insure Ourselves?" by Elliott Flower; "A Discussion of the Athletic Situation," by W. T. Reid, Jr.; "The Congo Museum," illustrated, by Frederick Starr; "The Completing of the Mississippi," illustrated, by Aubrey Fullerton; "The Truth About the Senate," with portraits, by C. Arthur Williams; "Has the Speaker Too Much Power?" a symposium; "The 'Sitting Editor' and the Russian Police," by Ernest Poole; "The High Railroads of the World," illustrated, by Eugene Parsons; "Modernizing Jesus of Nazareth," illustrated, by John Powell Lenox. In the department "Men of the Month," biographical sketches and portraits are given of Jean Marie Ferdinan Sorrien, Sherburn Merrill Becker, Charles Spencer Francis, L. D. Kingsland, and Wilford B. Hoggatt. In the department, "The Making of To-Morrow," are the following: "A Settlement for Ex-Convicts," illustrated, by W. R. Merrick; "Newspapers Printed on Board of Ocean Liners," by Max A. R. Brunner; "A Sectional View of a Cunarder;" "Dress Reform in Japan," illustrated, by Ernest W. Clement; "Agricultural Co-operation," by Annie E. S. Beard. The World To-Way is 15 cents per copy, $1.50 per year.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

CYSTOGEN AS AN ANTISEPTIC IN DISEASES OF THE GENITO-URINARY ORGANS

By C. W. Canan, B. S., M. D., Orkney, Springs, Va.

The longer we practice medicine the more we find it necessary to disinfect the intestinal tract after giving it a thorough cleaning out. To disinfect the urinary tract is just as rational and yields equally as good results in diseases of the urinary organs. In the treatment of the whole category of diseases of the urinary canal there is not one in which the antiseptic treatment should be omitted. It matters not what plan of treatment is followed, the antiseptic will only add to its efficacy and thereby hasten a cure. Then again, there is often danger of self poison from absorption of toxic material that occurs in many genito-urinary diseases, but the antiseptic plan of treatment reduces this to a minimum. The diseases like pyuria, cystitis and gonorrhea will yield much quicker to treatment if some good antiseptic is added. The question now arises what remedy from the long list of antiseptics will give the best results? In the first place it must be one that can be taken by the mouth and has a selective action on the urinary organs. It must be one that does not upset the alimentary canal. And last but not least, it should render the urine bland and non-irritating. In a practice of nearly twenty years I have tried all the most valuable of the list, and the one that met the above requirements and gave the best results in the greatest number of cases in my hands has been cystogen.

In all diseases accompanied with pus in the urine and decomposition of organic matter, it is the sheet anchor. It has been proved beyond a doubt that the cause of cystitis is an invasion of the bladder by pathogenic micro-organisms. Numerous varieties of these germs can be found in pathological urine. When infection takes place the bladder is converted into a veritable incubator for the propagation of pathogenic bacteria. It is this very condition in which cystogen does its best work. Wash out the bladder with permanganate potassium and give cystogen to disinfect the urine and to render it bland and non-irritating and nature will do the rest. In all diseases of the urinary organs the first thing in the treatment, and the main thing, is to render the urine antiseptic, which object accomplished, we are a long way on the road to success. The writer has seen the severest cases of acute gonorrheal pyelitis yield rapidly to rest in bed and five gr. doses of cystogen every six hours.

Next month I will give the cilinical history of a few cases treated with this remedy.

CLINICAL NOTES ON WOUND DRESSING

By Charles N. Cook, M. D., Philadelphia, Pa.

When the practitioner seeks an ideal surgical dressing, there are two main points to be borne in mind. First, that it must maintain asepsis and eliminate infection; and second, that it must assist and not retard nature in her effort to repair the tissue.

Many of the germicides and antisep-

ties when carefully considered, will be weighed in the balance and found wanting, and to the unprejudiced mind seem to have been selected without regard to any other consideration than their germicidal power. It is a fact that solutions of corrosive sublimate destroy bacterial life; it is equally certain that they coagulate serous albumen. This is the case also when carbolic acid, formalin, and other preparations of that class are used, and thus we see while it is true they destroy germ life, they also retard nature's effort in making repair. In the writer's opinion the ideal surgical dressing should conform to the following requirements:

1. It should be in harmony with the fluids of the tissues; i. e., it should be distinctly alkaline in reaction and of appropriate specific gravity to the liquor sanguine.

2. It should be capable of promoting exosmosis. This is most important for by this natural phenomenon the toxins secreted by the micro-organisms are prevented from being taken up by the circulation and at the same time controlling and eliminating sepsis. The property of producing exosmosis renders the antiseptic antiphlogistic a most valuable feature.

3. It should not coagulate serous albumen or the fibrins of the tissues.

4. It should possess deodorant qualities.

5. While not absolutely essential, it is highly desirable that it should be nontoxic in character. Such a preparation does exist and all that any surgeon has to do in order to convince himself is to make a practical trial of it.

I feel confident that he will agree that we have at hand an antiseptic surgical dressing which conforms to the requirements which I have stated above and which is manifestly superior to solutions of bichloride of mercury, carbolic acid, formaldehyde, lysol, creolin and other similar agents.

I refer to the well known glyco-thymoline. I have made a careful trial of it in a great many cases and in every case it has afforded almost perfect results.

In infected wounds I have found it all that can be desired. If there be anyone who is in doubt, let him try this ideal surgical dressing, glyco-thymoline, and I am sure he will become convinced.

1637 N. Twenty-second street.

"Stubborn cases of rheumatism.—Many stubborn cases of rheumatism respond rapidly to the influence of 'tongaline.' This product, representing the highest degree of pharmaceutical skill, contains the salicylates in an unusually potent form, inasmuch as they are not obtained by synthesis but are extracted from the purest oil of wintergreen. In addition to their potency as anti-rheumatics they possess an additional advantage in not deranging the most sensitive stomach.

"Physicians who appreciate the progress of honest pharmacy will find in 'tongaline' a product worthy of their highest commendation and confidence." —International Journal of Surgery, February, 1906.

Pepto-Mangan (Gude), manufactured by the M. J. Breitenbach Company of New York, has been demonstrated to contain remarkable therapeutic properties as a remedy for anemia and other diseases that produce deterioration of the blood. It increases the amount of hemoglobin and builds rich, new blood. Its remarkable properties depend upon a predigested and therefore an easily assimilated form of iron and manganese.

Medical Excerpts is a monthly journal devoted to therapeutics, containing articles on the newest remedies. It may be obtained free by addressing P. O. Box 1935, New York City.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. IX JUNE, 1906 No. 6

Leading Original Articles

HIGH FREQUENCY CURRENTS

By Gordon G. Burdick, M. D., Chicago, Illinois.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor of Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

The theoretical possibilities offered by high frequency currents have been known since the work of Prof. Hertz, and being intensified by the bold deduction of Oliver Lodge, stimulated electricians to perfect apparatus and investigate the marvelous physical phenomena which attend the production of alternating currents of high frequency, great amperage or excessive voltage.

A new world of possibilities was opened in both medicine and the arts, by the commercial production of these currents. In 1889 Nikla Tesla, one of the greatest electricians the world has ever seen, became interested in this subject and spent much of his valuable time, and many thousands of dollars, carrying on an investigation of the physical properties of these wonderful currents; a work that began in scientific curiosity and has proved a life work of love for the benefit of mankind, a work that can not be finished in any one man's life time. He started with mere phenomena of vacuum tube effects, and has now attained the extraordinary effect of draining a flame sixty-eight feet long from his transformers, and so inconceivably rapid in frequency, that the human mind cannot grasp the results. He has succeeded in transmitting several horse power for miles through the surrounding medium without metallic connections, and produced disturbances in the ether that unquestionably have gone to the extreme limits of the known universe; his transformers are of such large volume and low voltage that metals melt like water, while many explode with violence. These experiments interest all of us from a physical standpoint, but as physicians his further discoveries are more interesting. He found that these currents while having the most terrific effect upon metals were not dangerous to human life, also that the body became a condensor, and generated a counter electro-motive force that protected it from instant destruction from the enormous currents that may be transmitted through it.

Electro-therapeutists reasoned that some valuable results should follow the use of this modality, and numerous attempts have been made by manufac-

turers to devise some apparatus to supply enough energy for electro-therapeutic treatment. They attempted to follow the Tesla principle until it was found impractical to generate enough voltage and maintain the insulation properties of the coil, and eventually they fell back upon the combined principle discovered by D'Ansonval and Oudin. Alfred Dean of London combined the solenoid of the former with the resonator of the later, and for the first time enough current was available for experimental purposes, although it falls far short of what is required for active work. Enough was available however to demonstrate the lines along which results may be expected in the therapeutic field. I am sorry to observe the apparent confusion regarding therapeutic results, some operators having seemingly favorable results in a certain class of diseases, while that of the majority are necessarily negative. The wide variations in the different machines, the lamentable ignorance in their use, and a deficient source of energy will explain why so many operators have been so sorely disappointed in their results, and the attempt to use the high frequency only with the glass electrodes also explains why no results were obtained. It is my conviction that success will follow the use of the effluvia only in constitutional diseases, while the glass electrodes are of value only in some minor local troubles. I personally have found that better results follow the brush electrode even in local affections.

SKIN DISEASES.

It is in some form of these troubles that the high frequency has served a useful purpose, apparently bringing about a cure after all other measures have failed. It is not like the X-ray, to be depended upon implicitly, as it is frequently disappointing even in the simple case, while a hopeless, aggravated case will occasionally recover under its applications so quickly and with so little complications as to seem little short of a miracle to the patient. The only charge that can be brought against this form of treatment is that it is erratic, it is not to be depended upon, while all operators claim it is promising, it has been disappointing. This is not surprising, however, when we take into consideration the huge amount of poor inefficient apparatus the manufacturers have succeeded in unloading upon the profession in the past, and it will be some time in the future before the last word can be said about the value of high frequency current in disease. Like the Finsen light, it will be in institutional work where it will reach its highest development.

In order to have sufficient current available it probably will be necessary to construct an apparatus in which the walls of the room are converted into a solenoid and resonator by carrying the windings upon suitable supports around the room; the condensors must be charged by closed transformers in order to use the commercial alternating current for the purpose, and then we can expect startling physiological effects from this modality. It is perfectly feasable to carry the oscillations so far that matter becomes luminous emitting a violet glow, a shadowless light, everything within the sphere of influence of the resonators glowing like the light of a vacuum electrode.

The expense for this style of high frequency would be too much for one man to assume, for that reason some institution or a religious hospital could carry on the work very well.

LUPUS ERYTHEMATOSIS.

Where this disease has resisted the X-ray, violet light and other means, we can occasionally cause a rapid cure to take place with the high frequency current. The results however are se-

verely disappointing in seventy-five per cent of cases, and no apparent reason has been discovered why this should be so.

PRURITUS.

The high frequency has earned some reputation in the treatment of this disease, but in my opinion is inferior to the X-ray, still many cases are reported by different operators and the subject would repay further study.

EPITHELIOMATA, ETC.

Small growths such as warts, moles and epitheliomata may be destroyed promptly with but little discomfort by using this form of energy. The mode of procedure is to construct an electrode with an open glass tube, a sliding wire with a rubber handle. The electrode is placed over the growth, and the wire placed so a spark one-sixteenth of an inch will pass from the wire to the growth, and then the current is turned on, a small amount of solonoid times being used, in order to increase the amperage and decrease the voltage. A series of sparks is allowed to pass until the growth is seen to shrivel and die. The eschar is exfoliated in a few days leaving a perfectly cicatrized surface. Immunity from recurrence seems fairly assured, as no cases of return have been reported and the process is comparatively painless, very rapid in its action and may be carried on without difficulty by any operator.

PIGMENTED NEVI.

Good results have been reported by different operators in the cure of this trouble, but in my hands it has proved an utter failure as I have obtained no results in about 20 cases treated.

LUPUS VULGARIS.

Success has followed its use in this disease in a few cases where the X-ray would not bring about a complete cure. Other operators have reported successes, but as a routine treatment so far, it has proved a failure. The technic used was the glass electrode with a rock crystal bottom allowing the ultra violet rays to pass through, sufficient compression of the tissues being produced by the electrode.

TUBERCULOSIS.

This subject will persistently bob up in the journals as being much benefited by high frequency treatment. Numerous reports of successes have been given to the medical press, since energy has begun to play such an important part in the treatment of disease. It is claimed by different authors, that the use of two large and powerful resonators with large spiked electrodes, will send this current through the chest, and aside from the well known stimulating effect of the current it is maintained that ozone and various nitrous products are liberated within the tissues. It is certain that the breath carries an odor of ozone after a prolonged treatment from a pair of resonators. It would be a hard question to decide without a very extensive experience just how much value it would have in this disease. It is a well known fact in medicine, that the condition of a patient's mind has more real effect upon tuberculosis than any remedy so far discovered. So far every procedure that has been tried in tuberculosis has a certain amount of successes to its credit, and as long as the patients can be encouraged to believe that they can get well, and in fact make them believe they are improving daily, you will note a distinct gain in bodily weight, improved appetite and a diminution of cough and night sweats; on the other hand, if you let them feel that you think they are very bad, your efforts to build them up will be in vain as they can not get rid of that depressed feeling, and they gradually relapse into a state of despair. Patients that can be kept in a cheerful frame

of mind will improve to a marvelous extent and I have seen many of them recover permanently while being held in this condition, so any reports that follow the use of a new agent are apt to be optimistic, coming as they do from the progressive, even if too enthusiastic operators, only to be followed by reports regarding the method from non-magnetic, but scientific observers. If an operator can arouse all the fighting blood in a patient and convince him that he can and will get well, and infuse enthusiasm into his daily life until he has fairly transformed the patient by his own example, much can be hoped for; but often has the well meaning honest investigator, almost as cold blooded as a toad, told the patient after sundry soundings, analyses, etc., that he has the "Con" that science has found no way of combatting the disease, that it is invariably fatal, but that he might get some results by a change of climate, living out of doors or, the use of the high frequency. He has had no experience with the latter but has recently purchased an apparatus and is very anxious to try the method, so the patient is beguiled into becoming an experimental case for a man who knows nothing of high frequency or human nature. The case is dwelt upon, important symptoms magnified, careful records kept of all phases of the case, the patient questioned for this symptom or that, until he begins to feel that he has the real thing and that it must be serious. It is hardly necessary to say that a fatal result is inevitable, for it is only what an experienced person would expect. Still the medical profession is being flooded by just this kind of practice, and it is just such physicians who are making the Christian Science cult so popular just at present. Any honest old practitioner will have no difficulty understanding why any method is likely to fail when it is unfortunate enough to attract the attention of the "scientific" investigator. I personally do not believe that any method can succeed in tuberculosis until the patient believes firmly that the treatment is going to cure him, and it is for this reason that patients in sanitariums invariably do better than in private practice; each person sustains his neighbor, professional entertainers promote physical exertion and fix the attention of the mind upon anything but their own trouble, and in this way a successful outcome of the disease is probable.

The many successes reported regarding the treatment of tuberculosis will justify farther investigation as soon as more powerful resonators are available for use.

PROGRESSIVE MUSCULAR ATROPHY.

I have had fine results in three cases of this character, where it seemed that the process would extend until the patient would be helpless. In all three cases the process was arrested, and in two cases some regeneration took place. The treatment was administered by placing the patient upon the table and sending the effluvia over the brain and spinal column from a spiked electrode. Several months were consumed before they were considered cured.

NEURITIS.

The well known analgesic effects of the high frequency currents have been of value in this condition. The pain is lessened and a certain amount of regeneration takes place, but is of little value in traumatic neuritis following an injury to the shoulder joint, but gives more relief than any other therapeutic measure.

PELVIC DISEASES.

It has been found of extreme value in treating painful conditions of the pelves of women, the pain rapidly disappears, discharge is lessened and when followed by appropriate electrolysis, thousands of women can be saved from the

surgeon's knife. It is perfectly practical and has become an established procedure to treat suppurative diseases of the tubes and ovaries successfully by electrical means, and hundreds of operators are achieving marvelous successes along this line. It is not only a relief of pain but the infection is absolutely destroyed, adhesions softened or broken up, exudation absorbed and the woman made absolutely well as far as her own health is concerned or as far as any physician can detect. The procedure is so simple that any practitioner should be able to carry it out, and has passed the experimental stage and become a fact.

Gonorrhea of both male and female has been treated by this current with a certain amount of success. Glass electrodes are used and the small amount of air retained around the glass is decomposed into ozone which is a powerful sterilizer, while the effect of the violet light directly upon the germs not into the tissues causes them to lose their vitality.

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER

By Charles C. Miller, M. D., 70 State Street, Chicago, Ill.

(Continued from page 117 April Recorder.)

THE GLANDS OF BARTHOLIN.

The subject for consideration in this issue is one which is given little attention by most practitioners. Bartholin's glands should receive considerable attention by all practitioners interested in gynecology. The glands while small are almost without exception infected in purulent inflammations involving the vulva and vagnia. They are so situated and of such anatomical structure as to favor the retention of infections and are responsible for great numbers of re-infections and these re-infections are responsilbe so often for failure in gynecological treatment. Women infected are looked upon by many practitioners as being in an almost hopeless condition. These patients receive a half-hearted treatment. They do not recover; they are finally coaxed into submitting to radical operations and are saddled onto the surgeon for an extensive operation which to be effective includes an extirpation of womb and appendages.

Pelvic infections should not be looked upon as hopeless. A cure may be effected by medical treatment and practitioners should realize that a very large number of women can be restored to health without submitting them to surgical treatment. The practitioner should determine to make this clear to all women suffering from inflammatory conditions of the pelvic contents, then he should impress upon them the importance of regular treatment and the necessity of prolonged treatment, he should also impress upon them the hopelessness of any surgery except the most radical and finally should exercise all precautions to insure thorough, effective treatment. I have said the practitioner should impress the woman with the hopelessness of any but the most radical operative treatment and in saying this I mean in the indiscriminate surgical treatment. Take all inflammatory conditions involving the womb and appendages and place them collectively in the hands of the surgeon and in a very large percentage so-called conservative operations are futile to effect a cure. If the ovaries are removed or one or both tubes removed and the womb left very often a cure is not effected. Extensive operations are not only difficult but also dangerous shortly after the development of severe inflammatory processes. Operations not including the sacrifice of all these organs are usually accompanied by

but partial recovery. Take as a class inflammatory conditions involving the womb and appendages, treated intelligently and conscientiously according to methods known today and many of them are restored to health, a few suffer such damage to pelvic organs that ultimately surgical treatment will be necessary to effect a cure. In not a few cases it will seem advisable to facilitate matters with surgery although a cure may not be impossible without surgery.

It seems far fetched that the glands of Bartholin, small and situated so near the vulva, should play an important part in the cure of these conditions, but they do as they favor retention of infections and the reproduction of the processes by reinfection. The ducts of these glands are so situated that the woman first infected with gonorrhoea developing an acute vulvar inflammation can hardly escape an infection of the ducts. The ducts are comparatively short and the process is almost certain to involve the gland as well. In acute vulvitis the entire genitalia are swollen, edematous, and tender. Vaginitis and urethritis developing, Bartholin's ducts are constantly bathed in the virulent purulent discharges which discharges following the lines of least resistance are directed by the labia and by gravity over the orifices of these ducts. These ducts open into the fossa navicularis posterior to the vagina and are protected only by an imperfect falciform valvular fold. Inflammation about the orifice of the duct lessens resistance to invasion and as the duct is lined with that variety of epithelial cell pecularly favorable to the development of gonococci. Gynecologists have confused simple inflammation of the duct and gland with the condition of stricture of the duct coupled with inflammation and they have in this way misled the average practitioner as to those symptoms indicating involvment. During acute vulvitis when the ducts and glands of Bartholin are involved there is no peculiar or striking symptom to direct attention to these parts. Mere contact with the vulva is painful. The patient during examination is fearful of even light touching and objects in many instances to simple separation of the labia. Free suppuration makes examination disagreeable to the physician and he fears the virulent nature of the discharges. Where free examination is possible, a swollen tender mass may be felt slightly posterior to the vaginal entrance and to the outer side. Under general anesthesia the gland is easily felt. Of course such examination is not necessary to reach such conclusion, the physicain can take it for granted that such an inflammatory process exists in connection with practically all acute infections involving vulva and vagina. No special treatment is required for the ducts and glands of Bartholin during such acute inflammatory process but it is important for the physician to remember that such involvement occurs and that when infections of other parts have subsided the infection is liable to persist in these structures and during the exercise of their function they may convey the infection again to the vagina and other genital organs. It is therefore highly important that any infection persistnig in these parts be recognized and completely overcome while treatment is being directed to the other parts involved in an inflammatory process.

Corns, broken bones, sprained and rheumatic joints were in operation long before the weather bureau.

Before the weather bureau came the stinging corn,
Foretelling without blunder the coming of the storm.

—E. S. McKee, M. D., Cincinnati.

PEROXIDE OF HYDROGEN INJECTIONS IN MEMBRANOUS CROUP

By George H. Candler, M. D., Chicago, Ill.

The child suffering from membranous croup is not as a rule a pleasant patient for the doctor. It is not always easy to differentiate croup of this variety from diphtheria, and, unhappily, the latter disease is too often mistaken for the former, the proper systematic medication being omitted till too late. As has been pointed out time and time again, diphtheria is primarily a systematic disease, the membrane or local inflammation being merely the most noticeable symptom of the toxemia. Just as we must, to pervent fermentation, destroy or remove the yeast-germ so to prevent the formation of diphtheritic membrane we must destroy the micro-organism present in the system.

In croup we have an entirely condition. Here the main danger to the child exists in the presence of the foreign body (false membrane) which, by occluding the respiratory passages, causes deoxygenation of the blood and asphyxiation. Here our main effort should be to destroy the membrane. Sometimes we are unable to do this promptly enough and intubation or tracheotomy becomes necessary. Many doctors dread to do the latter operation and not a few have failed to intubate successfully. Of late years a bloodless method of tracheotomy has been recommended, but this is far from being satisfactory, the physician being apt to puncture the rear wall of the trachea with the trocar, penetrate a vessel or otherwise do irreparable damage.

In membranous croup we have an easy and apparently efficient method of destroying the membrane; in addition to calx iodata internally, six drops of hydrogen peroxide and an equal amount (or slightly more) of glycerine and water is injected into the cellular tissue over the thyroid gland; in a few moments the membrane begins to disintegrate, expectoration is rendered easy and the child begins to improve. The amount named is the ordinary quantity, but in serious cases ten drops may be injected and the procedure repeated in half an hour if necessary. The writer has recently used this method in two cases of croup and in this way only was able to obviate the more serious operation. Glycerine seems to be essential; if it is not added absorption is too slow to be serviceable.

The objection has been raised that the H_2O_2 would lose its peculiar efficacy the moment it is brought in contact with the body fluids—the oxygen split off, etc. This part of the subject remains to be explained by the chemist, the writer havnig his own ideas, however, which will be advanced later when further actual test has demonstrated their correctness.

The main fact remains: Peroxide of hydrogen mixed with glycerine will, if injected slowly into the cellular tissues immediately over the thyroid, afford prompt relief in cases of croup when all the symptoms of suffocation from the presence of membrane are present.

Moreover, the membrane disappears rapidly and the child in a short time expectorates a semi-fluid mass—usually after a fit of coughing and wheezing. Since commencing this article another case of a milder form has been relieved by the same measure and the writer feels that the procedure will save many intubations or tracheotomies and, for that matter, lives. The peroxide should be fresh and of the best make. The acid present in the commoner (and cheaper) brands is apt to cause irritation and some of the peroxide upon the market would unquestionably prove useless.

CHOLERA; ITS SYMPTOMS AND TREATMENT

By J. L. Wolfe, M. D., Cedar Falls, Iowa.

When cholera prevails as an epidemic, as it may in this country during the present year, there is a general predisposition to diarrhea with other symptoms of impaired digestion among the residents of the infected towns or district, proving the existence of a general cause or combination of influences, operating deleteriously upon the system, weakening the digestive functions, effecting changes in the constitution of the blood and of the mucous membrane of the alimentary canal, so that articles of food not suited to the condition of the stomach become a source of oppression, and also prove poisonous, and if not rejected may occasion death.

In all the cases of recovery from cholera which have come under my notice where an opportunity has been afforded of examining the contents ejected from the stomach under the operation of the emetics employed, there have been invariably, flakes of a membraneous appearance mixed with thick greyish or brown tenacious secretions, to be observed floating upon the fluid thrown up.

The symptoms are as follows: Profuse vomiting and purging wtih cramps and prostration of strength, the pulse frequent and weak (sometimes seemingly extinct), the surface quite cold, the lips purple, the eyes are sunken, the cheeks fallen in, in short the whole countenance is as ghastly as a corpse, and the voice husky and faint. Of course, the symptoms vary considerably in different individuals. Sometimes the vomiting and purging soon cease, and at other times there is neither vomiting nor purging at all, but rapid collapse and sinking. The above symptoms are descriptive of cholera in its worst form.

It is a noted fact that the worst cases are those unattended by purging and vomiting; yet, it seems that many physicians generally regard the vomiting as the principle source of danger, and treat them accordingly. There would be neither vomiting nor purging if there was no enemy to life in the stomach and bowels, consequently such treatment is wrong and against nature.

In ordinary cases of cholera morbus, the stomach is in most cases, relieved of the offending substances curing the disease by spontaneous vomiting; but in cholera the powers of the stomach are too feeble to expel the offensive contents.

Treatment consists of medicines to warm the system, empty the stomach of its foul contents, cleansing the mucous membrane of the stomach and bowels of all morbid secretions, and sustain the circulation; these are the grand objects to be attained in the treatment of cholera. The means required to obtain these results, are the alcohol or hot air bath, emetics, astringents, active stimulants and external warmth.

When cholera comes on suddenly and the temperature of the body is not reduced much below the healthy standard, an emetic should be given at once and the dose repeated until the stomach is relieved of its foul contents. External warmth should always be applied by means of bottles of hot water or hot bricks wrapped in cloths and placed at the feet and around the patient. When the attack is more gradual, the circulation feeble, and the surface and extremities cold, the alcohol or hot air bath should be administered promptly to warm the blood, restore capillary circulation, and relieve internal congestion, and immediately after the bath give the emetic in full doses.

A very good emetic in cases of cholera is as follows:

Powdered lobelia seed.....ʒvi.
Powdered skunk cabbage root.ʒiii.
Powdered blood root.....ʒiv.
Powdered ipecac..... ʒiv.
Powdered capsicum.....ʒi.

Give an even teaspoonful of this in three tablespoonfuls of luke-warm water every 15 or 20 minutes, until there is free vomiting and the stomach relieved.

The diet after an attack of cholera, should be light at first, on account of the weakened condition of the stomach. Essence of beef, poached egg, chicken soup, oyster soup, or gruel of some sort, constitute the class of foods best adapted to the enfeebled conditions of the digestive functions after an attack of cholera.

You may have occasion to refer to this sometime during the coming months.

ACIDS AND ALKALIES

By J. A. Burnett, M. D., Cecil, Ark.

Everything is acid, alkaline or neutral. The indications and uses of acids and alkalies are very important in practice. Eclectic physicians lay great stress on the difference of indication of these agents. I found by corresponding with several eclectic physicians that the acid which was most often used was hydrochloric acid and the alkali most often used was sodium sulphite. On page 110, February, 1906, Eclectic Medical Journal, is an editorial on Acids and Alkalies which is very interesting. The author says: "Hydrochloric acid and sodium sulphite constitute the therapy of 'acids' and 'alkalies' with the majority of prescribers," and then he gives the indications for hydrochloric, nitric and sulphurous acids and sodium bicarbonate and sodium sulphite. He further says: "Frequently we hear of physicians speak of sodium sulphide or sulphate, calcium sulphide, potassium chloride as alkalies. By the former they mean sodium sulphite and the second does not come within the scope of alkaline medication nor does the last wherein they refer to potassium chlorate.

"One might carry out the indications further for each of the above agents but we have written enough to show that there are great variations even among the acids and among the 'alkalies.' Let us briefly recapitulate:

"Acids—General indication: deep redness of tissues.

"Alkalies.—General indication: pallor with whitish coat upon the tongue.

"Hydrochloric acid: deep redness contracted tongue and tissues, sordes.

"Nitric acid.—Deep or rose redness, violaceous haze not solid in color but translucent.

"Sulphurous acid.—Deep redness, tongue furred tissues, full beefy gelatinuous glaze as of spoiled meat evidence of zymosis.

"Sodium Bicarbonate.—Pallor of tongue and membranes. White or yellowish white coating on tongue; not putrid but sometimes sour.

"Sodium sulphite.—Pallor of tissues and tongue dirty, pasty, whitish coat of foul color; zymosis."

The homoeopaths take stock in the acids and alkalies and I think classify all remedies either acid or alkaline. Dr. Duncan wrote a book entitled, "Children, Acid and Alkaline," which is a very interesting and valuable little book and should be read by all physicians. It only costs 82 cents.

Sweet faced nurse, red hot poultice,
Slaps it on and takes no notice.
Patient yells and swears 'tis hot,
Nurse just smiles and says 'tis not.
—E. S. McKee, M. D., Cincinnati.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

LITTLE THINGS THAT PAY

Doctor, there is one thing if you do you should stop. It is telling a patient how to fix himself up and charging nothing.

Case 1.—Boy swallows marble. It will come out all right in time but all are so anxious. Give the boy potato diet to be sure. Explain it impressively but do not stop there and charge nothing. Advise them also to roll the child with very gentle massage. Then give them a bismuth and hydrastis mixture or something like it. This will make the treatment worth something in their estimation. Charge them $2.00 anyway.

Case 2.—That heart is fluttering and coffee or tobacco or both have done it. Do not say "quit," but say "quit and do something." Have him take a glonoin granule, 1/8 grain, when he wants it, 20 times per day if necessary. It will make him easier sure.

Then two or three cactin granules every one to three hours. Of course clean him out with saline laxative and scour a little with sulphocarbolates. Perhaps a real business-like effect upon the liver is required. Podophyllin granule hourly to effect, or calomel for a solid rough fellow 10 grains at once. Your tobacco advice is all right but do not bore him. If he does not quit he will come back. Then treat him more but do not scold. Do not even tell him that he will never get well if he does not quit. Do not be a prophet unless it is really worth while, and then get your job down fine.

Case 3.—Really, there was a trace of albumen in his urine. He was tough as a knot 10 years after. Did not die in two years as the prophet doctor said he would.

C. E. Boynton, M. D.

PRACTICAL PARAGRAPHS

The May number of Medical Summary contains an excellent article from its editor captioned "Virtue Rampant." There is a tendency on the part of a certain element of the medical profession to throttle the profession as a whole and freeze out independent journalism. These astute leaders would, it seems, assume a dictatorial role. To the casual observer the avowed and laudable purpose of this element would seem to be to regulate the nostrum evil. To a deeper thinker the real purpose would seem to be to bring luxury and comfort to the few men who are the organization's promoters. They taboo certain classes of proprietary medicines as being unworthy and unethical, while others ostensibly in the same class are vaunted as being strictly ethical—yea, even specifics. Where is this line of demarcation to be drawn? Who shall pass upon it? There are a great many of these pharmaceuticals on the market that have stood the clinical tests of hundreds of men, good and true, and which the busy doctor will not attempt to duplicate from crude drugs. These same should not be stamped with the seal of ethical disapproval simply because they are not "made in Germany," or have not behind them the corporate wealth necessary to maintain gigantic laboratories or a retinue of "experimental" chemists and scientists. After all the "proof of the pudding, etc.," here applies. Those

products which have by their elegance and therapeutic worth gained the sanction of good men will continue to hold a conspicuous place. The journals that maintain an independent attitude along this and other lines and are not so hide-bound in ethical conservatism as to frown down upon any product of real worth will continue to have the support of the great masses of the medical practitioners.

Typhoid fever will soon be with us again and likewise the doctor who "never lost a case." Typhoid fever under natural conditions being a self-limited disease there are few patients who die from it except those who are managed badly. When I say managed badly I do not preclude hyper-medication, ice-cold baths, etc. The cold bath is untenable in theory and often damaging in practice. Ordinarily I do not believe many cases coming under treatment early will run more than ten days or two weeks. The treatment is to clean the patient out and keep him clean. Calomel, salts, oil and rectal and colonic flushings are all that most cases require aside from dieting, nursing, sponging, etc. The patient should not be allowed to get in a condition where antiseptics are required. Intestinal antiseptics are all right, but too much is expected from them.

Regarding the doctor who never lost a case of typhoid fever I will say that some men are born lazy and others are born liars. No matter how skillfully managed one or two per cent of such patients will die. In the most of the fatal cases there is an early dissolution and breaking down of the vital forces and they seem to get down to die. It is as likely they should go by the typhoid route as any other. Such cases studied from a metaphysical standpoint are often of great interest.

Apomorphine is one of our best emergency drugs. It should always be near at hand. It is a valuable adjunct to morphine in many conditions. Apomorphine is useful in nearly all conditions of nerve tension. One-tenth grain given hypodermically will produce vomiting within five minutes. One-twentieth grain produces nerve relaxation. Remember it if you have an obstinate case of choking. In cases of extreme hysteria with no pathological condition manifest a hypodermic of apo will relieve the patient, or at least "change the current of her thoughts." If this drug is not in your medicine case better procure it now.

Santal oil is one of the best internal remedies we have in chronic gonorrhoea, but it is necessary to have a pure oil not adulterated with oil of cedar. Recently I had a case of gleet make a prompt recovery after being put on sanmetto, the case having proved intractable to all other treatment. This product is, I think, a scientific blending of santal oil, palmetto and other synergestic agents in an agreeable vehicle.

W. T. Marrs, M. D.

Jeweett, Ill.

OBSERVATIONS ON DISPENSING

The writer has for over ten years used active principles very largely in his practice and confines himself more and more to their use every year. They are handy and compact. A patient calls and I can put up his medicine nearly as quickly as I can write a prescription. In my office eighty-four feet of shelf-room are occupied by bottles, duplicates occupying rear positions on the shelves. Below the lines of shelving are drawers and closets where boxes and bottles are packed. Very seldom do I prescribe the small sizes of pills or granules directly. I put them in solution so that the patient

can take the medicine in teaspoonful doses. It is quite a habit with me to put medicines in boxes and salt-mouthed bottles so as to be taken dry upon the tongue or in solution. There are many compounds of salines and powders that can be given in teaspoonful doses three times per day and prescribed in a four to six ounce pasteboard box or salt-mouthed bottle. There are other salines and powders that can be given in small doses of from five to twenty grains. To put them in powders or capsules is too much work for a busy doctor. These we may put up in one to six ounce salt-mouthed bottles and put up a sample powder telling the patient to accurately gauge its bulk in his memory and looking at it from time to time learn to dip up the required quantity on the handle of a spoon. In other cases we may give a box of capsules separately and tell the patient to fill his own capsules. In some cases where a medicine does not mix easily, like oil of gaultheria or fluid extract of cannabis indica (I do use a few fluid extracts) I give the patient some capsules and a dropper, directing him to fill the capsules when required. Medicines, like turpentine, may be given in this manner. Everything nice and sweet in the shape of elixirs, syrups, etc., a doctor can keep on hand to use in making his solutions of the alkaloids palatable. It is a wonder to me why so few doctors keep their own medicines. If they knew how to put them together and understood alkaloidal therapy I am sure that more doctors would put up their drugs. One doctor who knew a little about alkaloids told me that he kept his own drugs for his good pay patients and wrote prescriptions for those on whom he could not rely. This doctor stated that he was rarely paid for a prescription, yet for the medicine the druggist generally was paid. Then I remonstrated with that doctor in this way: "You buy your alkaloids of manufacturers and wholesalers and what bulk drugs you require you buy of large wholesale firms. You are required to buy nothing of the retail druggist of your town, yet you send him perhaps half of your prescriptions and he in return learns more or less how you practice medicine and when he can he counter prescribes and sells patent truck that is worse than useless. Now doctor," said I, "why not put up medicines for everybody. If patients pay the druggist they will pay you just as quickly; you may lose a little occasionally but the person who will not pay for his medicines must be either very poor or very shiftless. If very poor, present his case to the supervisors and get something out of it. If he is very shiftless, treat him for 'shiftlessness,' for the sake of his family, nad if you do lose a little it is as nothing compared with what you lose by the duplicating of your best subscriptions."

C. E. Boynton, M. D.

THE ENLARGEMENT OF THE SPLEEN

Several remedies have been recommended for enlargement of the spleen. It seems that each physician has a favorite remedy or combination of remedies for this condition.

Dr. Waugh, editor of the Alkaloidal Clinic, believes berberine muriate to be the best remedy for enlargement of the spleen. He says it should be associated with either quinine or arsenic as is indicated. Dr. Andrew J. Mann, of Evermay, Georgia, in answer to a query what is the best remedy or combination of remedies for enlargement of the spleen from chronic malaria wrote me as follows:

"Tincture iodine compound with specific enonymus by far the best agents

in the materia medica for enlargement of the spleen from chronic malaria. Its action on morbid conditions characterized by enlargement is well known, the euonymus as well as the iodine aids through its action on the blood by removing the malarial taint and increasing the normal constituents."

I have only seen phytolacca recommended for enlargement of the spleen once. It seems as though it should be a very good remedy in this condition as the eclectics consider it a very good glandular remedy. Ergot has long been known as a very useful remedy for enlargement of the spleen. This remedy has from some cause not come into general use for this condition. Ergot has been used with very good results for malarial diseases and it is my opinion that it would prove to be a very useful remedy for enlargement of the spleen due to chronic malaria. It deserves further investigation in this respect. The following is from Burggrave's Diseases of Children under the head of Paludic Fever:

"Paludic fever always gives rise to engorgement of the liver and spleen and requires the use of the arseniate of quinine. One granule of it should be given every quarter of an hour and at the time of the paroxysm instead of waiting for the apyrexic period. The Seidlitz Chauteaud should be given every morning. During the period of convalescence three or four granules of arseniate of soda should be given daily for the first fortnight to combat the engorgement of the liver and spleen and at meals one granule of quassine. During the second two weeks the administration of the hydroferrocyanide of quinine should be resumed in order to prevent the return of the fever. If possible the infant should have a change of scene." The subject of enlargement of the spleen does not receive the attention it should.

BURNING URINE IN WOMEN

I have come in contact with several cases of burning urine in women, but not a single case in men and find that it is usually hard to relieve.

Recently I had a case of a woman who had been confined a few months before.. I had just been reading about santonin being of great value in such cases so it was the first remedy that I thought of and so I gave it to her, but she could not take it on account of it disagreeing with her baby. I wrote the American Journal of Clinical Medicine about the case and received the following reply:

"We are in receipt of your recent favor and note contents. Suppose you test the urine as a first step and find out whether you have hyperacidity or alkalinity. You do not give us any information as to the condition present. As you are aware that there is frequently more or less abrasion of the urethra during parturition and smarting is present as a necessary sequence. Our own experience goes to show that concentrated urine is usually present also. In extreme alkalinity of urine ammonium benzoate with arbutin will speedily bring about a change for the better. If the urine is hyperacid lithium benzoate should be used in place of the ammonium. This will not in any way effect the child. A good preparation of corn silk with hydrangia and tricticum repens is also very useful in these cases but treatment must invariably be governed by the conditions present locally (about the urethra) and the composition of urine."

Hare, in his Therapeutics, says:

"Benzoate of ammonium is employed chiefly for its diuretic influences which depend entirely upon the benzoic acid present in the compound. It should be kept in well-stopped bottles. As benzoic acid is eliminated as hippuric acid and ammonia as nitric acid this

drug may be employed in cases where the physician desires to make the urine decidedly acid, as for example in patients suffering from catarrh of the bladder when the urine is loaded with phosphates which are dissolved by this acidulation. The dose is 10 to 30 grains which should be dissolved in water or better administered in sachets or capsules."

In regard to lithium, Hare says:

"Lithium is used in several forms but its salts may be divided into two classes—those which act as lithium and those which act as the acids forming them. In the first class we have the carbonate, dose 2 to 10 grains, the citrate, dose 5 to 20 grains, and the effervescent citrate, dose 1 to 4 drachms. In the second class we find the benzoate dose 5 to 30 grains. Lithii bromidum, U. S., dose 10 to 40 grains and lithii salicylas, U. S., dose 10 to 30 grains." He then gives the uses of the carbonate and citrate which are the class that acts as lithium and says: "For the use of other salts of lithium see the articles on the bromides, salicylic acid and benzoic acid."

According to this ammonium benzoate and lithium benzoate would have the same action i. e., same as benzoic acid. This is like many writers, they get things badly mixed. Most writers say that tannic acid represents all the vegetable astringents, which is a bad mistake.

For the action of lithium benzoate Hare refers to benzoic acid and says: "Benzoic acid is useful in the treatment of chronic cystitis with alkaline urine which is loaded with phosphates." According to the American Journal of Clinical Medicine it is the remedy for hyperacid urine.

Ammonium benzoate and lithium benzoate are both official in the U. S. P., 1905, and the average dose of each is 15 grains according to this work. Sodium bicarbonate is highly recommended for burning urine. I suppose it would be used when the urine was hyperacid as it is an alkaline. In the May, 1906, Chicago Medical Times, boric acid is highly recommended in burning urine. As it is an acid it would likely give the best results in alkaline urine. A physician of several years' experience told me that sammetto was a valuable remedy for burning urine, also corn silk, and said that if it failed he washed out the bladder with boric acid solution.

John Albert Burnett, M. D.
Cecil, Arkansas.

SUCCESSFUL TREATMENT OF A CASE OF PULMONARY TUBERCULOSIS

Last June a lady, age 35, came under my treatment. Her case had been diagnosed as consumption of the lungs. She had five children and they came so fast that she did not get her strength before another pregnancy began. The result was a constant drain upon her vitality, general appearance, considerable emaciation, unnatural flush on cheeks, unnatural brightness of the eyes, rapid wiry pulse, harrassing cough, night sweats, fever in the afternoon, has had one hemorrhage from the lungs, dyspnoea. The left lung seemed to be the one affected by the disease.

Treatment—For the night sweats I prescribed atropine 1-250 grain, 2 granules at bed time; as a tonic I gave 2 granules arsenate strychnine 1-134 gr. before each meal and at bedtime. For the cough kali mur 3x (chloride potassium, 3d decimal), 5 tablets once in 2 hours. Apply compress over the chest wet with one ounce of epsom salts to a pint of warm water, had this compress kept constantly applied day and night. The above compress is a fine thing for cough or any irritation in the lungs or bronchial tubes. Ordered pa-

tient bathed all over every night with the epsom salts and warm water—one ounce to pint of warm water. There is no better medicated bath can be made for the invalid in chronic and acute diseases than the epsom bath. The blood needs the magnesium in the epsom salts, it opens the pores of the skin, cleans off all the impurities from the body, soothes the tired nerves and the patients sleep like a tired child upon its mother's bosom. I am constantly using this medicated bath in my practice and my patients like it for they know it does them good. Dr. Wm. H. Burgess of Avondale, Tenn., did a good thing for the medical profession when he recommended the epsom bath. I would advise the readers of this journal to get a copy of "New Field," by Dr. Burgess. It will tell you a whole lot about natural diagnosis and many valuable points on the treatment of the sick.

In a week's time from the commencement of the treatment I found the patient better, cough less troublesome, night sweats wearing away, good appetite, good digestion, sleep better nights. In a month's time decidedly better in all the symptoms. I left off the atropine, just as soon as the "dryness came in the mouth," but continued the other treatment. At the present writing she seems free from any symptom of consumption. In these cases I usually wind up the treatment with cell salts (Merck & Co.), 4 drachms to a pint of water, teaspoonful before each meal and at bedtime. The cell salts given in this way are very good for the after treatment of chronic bronchitis and pneumonia. The time has been when the very name of consumption would strike terror to the very soul of the common people, but we live in a progressive age and with the remedies that we now possess we need not fear to take a case of consumption in the first or second stages and expect to get good results from our treatment. The "building up" plan of treatment with plenty of good nourishing food is the very foundation of success with the above cases. Do not let the "hereditary bugbear" frighten you. My mother had eight brothers and sisters die of consumption of the lungs in Maine. She herself was in the last stage of consumption, but went to West Africa, and in all the remaining 20 years of her life never showed any symptoms of the disease. None of her children or grandchildren have ever shown any trace of the disease.

ELI G. JONES, M. D.
New Brunswick, N. J.

A GOOD FORMULA

For rheumatism, tonsilitis pain and neuralgia, Dr. E. S. McKee, Cincinnati, recommends the following (Journal A. M. A.):

℞
Codeinae Sulphatis gr. iv. or 0.25
Acetanilidi, gr. xiv or 3.00.
Sodii Salicylatis dr. iiss or 10.00.
Alcoholis, oz. ss or 15.00.
Glycerinae oz. ss or 15.00.
Syr. rubi idaei, oz. i or 30.00.

M. S. One teaspoonful every two or three hours. The alcohol is to dissolve the acetanilid and the glycerine and raspberry syrup is to render the mixture more palatable.

Forgive your enemies, of course—but don't forget them.

Some folks want even their religion for nothing.

A wound in the purse is not mortal.

Every man may have his price but sometimes some of them have to hand it back.

The ignorance of many people is underestimated—Greswell McLaughlin in the American Magazine.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

APPENDICITIS.

French investigators continue to look for the cause of appendicitis in alimentation, chiefly in the use of meat as food. The Rundschau has at a previous time brought some of their interesting statistics. To them may be added a few new observations. Dr. Chauvel, medical inspector of the French army, compares the figures furnished by the army in the capital and those of the army in Algeria. A certain army corps, while stationed in France, had one case of appendicitis to every thousand, while, when stationed in Algeria, the same corps had only half the number. The French troops in Algeria are composed of both Europeans and natives. During five years there occurred among 14,000 European soldiers 137 cases of appendicitis, among 17,000 natives during the same period only thirteen cases. Dr. Chauvel believes the reason to be in the different alimentation. The Arabs are a sober people, who eat little and are vegetarians. When they eat meat it is cooked to shreds. Among the Arabs leading their usual mode of life, appendicitis is almost unknown while it occurs more frequently among those tribesmen, who serve as auxiliary troops, their diet being more like that of the French troopers. An observation leading to the same conclusion is made by Dr. Snyder, who has been attached to the Persian court for more than ten years. He has been called upon to treat only five cases of appendicitis in Teheran, three of them Europeans, only two in Persians. Abstinence from pork is obligatory to the Persians and the meat of cattle is almost unknown. Chicken and mutton is almost the only meat consumed and then always cooked into shreds. In Germany appendicitis is most frequent in Hamburg, where the average consumption of meat is greater than in any other part of the empire.

Dr. Chauvel tells in his report that 668 patients suffering from appendicitis were received in the military hospitals of France during 1902. Out of this number 188 were treated surgically, while 480 received purely medical treatment. Of the number operated upon 23 died, while among the 480 not operated on there were only three deaths.

FEES FOR LIFE INSURANCE EXAMINATIONS.

One of the results of the late investigations of life insurance companies in New York is a demand for retrenchment in the expenses of management. As usual in such affairs reduction is likely to affect first and probably only those whose work is scantily paid now, in this case the medical examiners, just as when economy becomes necessary in the administration of a city they usually begin by cutting down the wages of teachers. For some time a number of the leading insurance companies have been cutting down the fees for examinations or grading them according to the amount of the policy asked for. And now it looks as if all of them would establish the $3.00 fee as a normal. Naturally examiners all over the country are stirred up and a movement is on foot to have the matter taken up by state societies. At the coming annual meeting of the American Association of Life Insurance Examiners the question will probably be discussed at some

length. Amusing are the attempts made by the Medical Examiner and Practitioner to reconcile the two interests which it claims to represent, those of the physicians and the insurance companies, with an unmistakable bias in favor of the money power, the companies. The journal says editorially that insurance companies are willing only to pay in accordance with the value of the service actually rendered. Such a claim is hardly borne out by the revelations made by the Armstrong Committee. For the extravagant salaries paid the presidents, managers and other officials and high commissions allowed to agents are altogether out of proportion to the services rendered by them. The only officers against whom no charges were brought were those in the medical departments and in no case were the fees paid to medical examiners found to be extravagant. There can be no difference of opinion on the proposition that a conscientious life insurance examination is worth no less than five dollars. The Examiner asserts that many are not worth that much, as proven by the great death rate within the first three years from diseases which must have existed when the examinations were made. There is force in this argument. But it is manifestly unjust to charge all cases of early death from tuberculosis, kidney disease, etc., up to inefficient medical examination. We all know how quickly such diseases may develop and run their course and how difficult, nay, impossible, it often is to detect them in their first stage. True, some examinations are not worth five dollars, many are not worth anything. But the fault lies very commonly with the companies, for few encourage conscientious and high-grade work. In most, probably all of them, the medical department is held subordinate, or at least subservient, to the agency department, and the local examiner holds his position at the mercy of the local agent. If he rejects more applicants than the agent wants, he is pretty apt to lose his job shortly and the medical director is powerless to sustain him, even if willing to do so. This is such a common experience, that it must be considered the rule. If good examinations are wanted, there are plenty of competent men willing to make them. Such work is worth five dollars at least and it is perfectly legitimate for physicians to use the strength that comes from organization to enforce this demand, even if the cry of trades unionism is raised in certain quarters.

MEDICAL SOCIETIES.

The American Journal of Clinical Medicine very appropriately remarks editorially: Like ourselves, we would that you get into the regular fixed societies, those affiliated with the A. M. A. But if, for any reason, you cannot —if you are a dyed-in-the-wool homeo, an eclectic-of-the-eclectics, or even if you belong to that free and easy class of good fellows who are "agin" the government because of constitutional or associational peculiarities which are born and cultivated in you—remember that there are also societies for all of you. Again we say, get into them and work! Whether you are an Association man or not we hope that those of you who live in the central states of Illinois, Iowa and Missouri, will join us at the meeting of the Tri-State, at Galesburg, Ill., June 27th.

Physicians all know that a constant "Campaign against Consumption" is being maintained all over the country. Eugene Wood tells of what progress the campaign is making, in Everybody's Magazine for June. Thomas W. Lawson continues his sledge-hammer attacks upon dishonesty and corruption in his eminently readable article, "Punch and Judying the United States Court."

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY

J. P. THORNE, M. D.

JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:

$1.00 Per Year in Advance; Single Copies, 10 Cts in the United States, Canada and Mexico. Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 9 JUNE, 1906 No. 6

EDITORIAL NOTES

There are said to be 10,000 lepers in the Philippine Islands.

❧ ❧ ❧

The membership of the American Medical Association is now 23,636.

❧ ❧ ❧

Reputation is made by our successes. Experience is gained by our failures as much as by our successes.

❧ ❧ ❧

We shall, hereafter, publish a page of prescriptions which have proven of decided value. The prescriptions on the page this month are all by Dr. J. A. Burnett.

Dr. G. G. Burdick will contribute an article on electro-therapeutics each month through the year. These articles present matter never published before.

❧ ❧ ❧

The patient wants a cure. He does not care what we know about pathology. Some doctors seem to overlook this.

❧ ❧ ❧

Dr. Mary Putnam Jacobi died at her home in New York City, June 10. She was a woman of great ability and a medical practitioner of renown.

❧ ❧ ❧

Wisconsin reciprocates licenses to practice medicine with District of Columbia, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, Virginia, and Wyoming.

❧ ❧ ❧

Very often if a neurasthenic becomes thoroughly interested in something, a cure can be made, but this is frequently a hard proposition. Nature study sometimes accomplishes the purpose. If the patient can become interested in plant life, bird life, animal life or get close to nature in any way, the battle is won.

❧ ❧ ❧

Dr. W. L. Rodman, of Philadelphia, makes the excellent suggestion that ten years of practice should be considered the equivalent of passage of an examination for license to practice. Any physician holding the diploma of a reputable college, who has had ten years' experience in practice certainly should be permitted to practice anywhere in the United States.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

THE EXAMINATION OF THE FUNCTION OF THE INTESTINES BY MEANS OF THE TEST-DIET. Its Application in Medical Practice and its Diagnostic and Therapeutic Value. By Prof. Dr. Adolph Schmidt, Physician-in-chief of the City Hospital Friedrichstadt in Dresden. Authorized Translation from the latest German Edition, by Charles D. Aaron, M. D., Professor of Diseases of the Stomach and Intestines in the Detroit Post-Graduate School of Medicine; Clinical Professor of Gastro-enterology in the Detroit College of Medicine; Consulting Gastro-enterologist to Harper Hospital, etc. With a Frontispiece Plate in Colors. Crown Octavo, 91 Pages, Extra Cloth. Price, $1.00, net. F. A. Davis Co., Publishers, 1914-16 Cherry Street, Philadelphia.

The test meal has become such a necessary measure in the diagnosis of stomach diseases that the physician of today would be handicapped without it. The examination of the function of the intestine is equally as important and this book tells how to do it. The book is made up from a series of lectures of Prof. Schmidt and sums up the results of his continued investigations and observations for eight years. He says: "The desire to obtain an examination for the function of the intestine, that could be carried out in practice, analogous to the usual examinations of the stomach contents, and to advance by means of it the diagnosis and therapeutics of the diffuse intestinal diseases, in the same way as it has already been accomplished in the pathology of the stomach, was the incentive which led me on from the beginning." The book accomplishes the purpose for which it was written and will be found of great practical value. The translation has been nicely done by Dr. C. D. Aaron, of Detroit, the well known authority on stomach and intestinal diseases.

THE MEDICAL DISEASES OF INFANCY AND CHILDHOOD, with points on the Anatomy, Physiology and Hygiene Peculiar to the Developing Period. By Alfred Cleveland Cotton, A. M., M. D., Professor of Pediatrics, Rush Medical College, University of Chicago, Attending Physician for Diseases of Children, Presbyterian Hospital, &c. Pages 670. Illustrated. Cloth. Price $3.50. J. B. Lippincott Co., Philadelphia.

This book is a comprehensive, practical, modern treatise on diseases of children by a pediatrist of large experience and international reputation. Part I. of the volume is a revision of the author's well known work: "Lessons on Anatomy, Physiology, and Hygiene of Infancy and Childhood." The subject of infant feeding properly receives considerable attention and the author gives very clearly the principles governing infant feeding. All the diseases of childhood are considered at length and the best treatment of today given. The author's deductions are drawn largely from his own personal experience and carry the weight of positive observations based on large experience and good judgment. The treatment given for the various diseases is complete and practical, so that the book is an admirable guide in practice. The dietary in the back of the book will be often referred to as it gives a number of good recipes for foods. The volume

contains 216 excellent illustrations, many of them being full page plates. A good colored plate shows the eye grounds in amaurotic family idiocy. Another colored plate shows the pathognomonic sign of measles, Koplik's spots. Every physician can find frequent use for this book, no matter how large his library may be.

TRANSACTIONS OF THE AMERICAN ROENTGEN RAY SOCIETY. Sixth Annual Meeting, September 28-30, 1905. Pages 224. Illustrated. Cloth. Published by the Society.

This book contains the proceedings of the last meeting of this society and all the papers read at the meeting. "The Past, Present and Future of the Roentgen Rays," is an excellent address by the president, Dr. Chas. L. Leonard, of Philadelphia. A paper worthy of especial mention is "The Present Status of Radiotherapy," by Dr. G. G. Burdick, of Chicago. Some of the other papers are: "A Study of the Stomach and Intestines," by Dr. Henry Hulst, of Grand Rapids, Mich.; "The Technic of Calculus Diagnosis," by Mr. Archibald D. Reid, F. R. C. S., of Kings College Hospital, London, Eng.; "The Diagnosis of Aneurysms," by Dr. T. H. Baetjer, of Baltimore, M. D.; "Some Physical Properties of the Roentgen Rays," by Prof. Robert W. Woods, of Johns Hopkins University. If space permitted we should like to refer to all the papers in the volume. The papers are by the best Roentgen operators in the country and every physician doing X-ray work will find the book invaluable. The volume is illustrated with half-tone plates. The officers of the society for this year are: President, Henry Hulst, M. D., Grand Rapids, Mich.; Secretary, George C. Johnston, M. D., 514 Bijou Building, Pittsburg, Pa.; Treasurer, L. E. Curtis, D. D. S., Dayton, Ohio.

THE PRACTICAL MEDICINE SERIES. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery, Under the General Editorial Charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post Graduate Medical School. Vol. II. General Surgery Edited by John B. Murphy, A. M., M. D., Professor of Surgery in Rush Medical College. Series 1906. Pages 583. Illustrated. Cloth. Price $2.00. Price of the Series of Ten Volumes, $10.00. The Year Book Publishers, 40 Dearborn St., Chicago.

This volume shows that much progress has been made in surgery during the past year. Abstracts of many leading articles of the year are given, also many articles are reproduced at length. The field of surgery is well covered by this book. Special mention may be made of the report on surgery of the intestines. Surgery of the stomach receives careful attention, as does surgery of the spleen. The editor has added many notes of value from his large experience. The volume is illustrated with twenty-nine plates and ninety-four cuts. These books are published primarily for the general practitioner, but the arrangement in several volumes enables those interested in special subjects to buy only the parts they desire. The doctor who reads these books will never be behind the times.

BOOK NOTES

McClure's Magazine for Juuly contains a great variety of interesting articles. "The Way of a Railroad With a Town" is the story of the struggle of Danville, Va., with the Southern Railway, by Ray Stannard Baker. Burton J. Hendrick contributes the second installment of "The Story of Life Insurance," a very fascinating and plain pre-

sentation of the growth of life insurance. Samuel Hopkins Adams tells about the successful battle of New Orleans against the mosquito in "Yellow Fever; A Problem Solved." "Reminiscences of a Long Life" by the late Carl Schurz tells in this chapter about France on the eve of the second empire. The second story in the new series by Rudyard Kipling, "Robin Goodfellow—His Friends," is especially interesting. "Buried Treasure" is a story of some length and great fascination by Stewart Edward White. "Lost, An Echo," by George A. England, is a humorous story which will make the most sober person laugh.

How did it feel to live through the San Francisco earthquake and fire, —to watch men die, and buildings shrivel in the flames? James Hopper, the brilliant short-story writer, tells the story in the June Everybody's which also publishes the latest pictures of the destroyed city, sketched a few days before the earthquake by Vernon Howe Bailey. Still another strong appeal to the human heart is made in this installment of Charles Edward Russel's important narrative, "Soldiers of the Common Good." After reading what Mr. Russell has to say about the present situation in India, the famines, the character of British rule, the horrors of the caste system, you will perhaps conclude that these chapters form one of the strongest arguments for pure democracy that could be presented.

"The Rebirth of the Corporation" by Judge Peter S. Grosscup in the American Magazine for June is a splendid example of constructive criticism in the treatment of current questions. Instead of exploiting evils, it sets forth a radical but sane remedy for the trust problem. Another important question—franchises—is treated with cutting satire by John McAuley Palmer in "The Parable of the Pickpocket." A departure in magazine literature is the publication in this number of Charles Klein's successful drama, "The Lion and the Mouse," told in story form by Owen Johnson. Arthur Goodrich describes the picturesque career of Horace Fletcher and throws some new light on "Fletcherism." The pictorial feature of this number is a series of remarkable photographs by William L. Finley, illustrating "Home Life in a Gull Colony." With the second installment of the "Mystery," the new story by Stewart Edward White and Samuel Hopkins Adams, the action takes a new turn and the interest deepens. The number also contains several superior short stories.

Some of the leading articles in The World Today for June are: "The Destruction of San Francisco," (illustrated); "A Modern Miracle of Fishes," (illustrated), Ivah Dunklee; "Sherburn Merrill Becker," (with portrait), William Hard; "Watching a City Perish," William H. Thompson; "What Makes a Volcano?" (illustrated), Edward B. Mathews; "An Office Building for the Public," (illustrated), William C. Graves; "How One Family Solved the Vacation Problem," (illustrated), by a college professor; "Earthquakes and Their Causes," (with chart) Rollin D. Salisbury; "Rate Regulation and Railway Pools," J. W. Midgley; "Making Gardens Out of Lava Dust," (illustrated), Henry F. Cope; "Going Fishing," photographs by Sumner Matteson; "The New Turners," (illustrated), E. Douglas Sheilds; "Chicago's Traction Question," (with portraits), Edgar B. Tolman; "White Coal and the New Italy," O. D. Skelton; "The Preservation of Infant Life," M. V. Shaler; "The Evangelistic Field," F. P. Sellers. The World Today improves with every issue.

MEDICAL PROGRESS

By E. S. McKee, M. D., Cincinnati, O.

Aid in Delivery With Breech Presentations. Wieskowitz (Centralblatt fuer Gynekologie), recommends a rubber tube strengthened by some linen fibres interwoven to slip over the thigh of the child to aid in its extraction. It is easily pushed in and works its way around the thigh of the child and out again and works no injury to the child or its mother. Gentle traction is spread over a large surface and has an astonishing effect in facilitating delivery.

Uterine Fibromas. Pfannensteil, of Giesses, at the Lisbon International Medical Congress, argued that as fibromas develops on a basis of chronic endometritis, the rest of the uterus is not sound, and the organ should be removed in toto unless in exceptional cases where conservative measures are indicated. Retention of the diseased mucosa may entail menorrhagia later or placenta previa. One of his patients succumbed to hemorrhage from placenta previa a year or so after a conservative myomotomy. If the uterus is infected the vaginal route is indicated.

The Menopause in Fable and in Fact. Reynolds (Therapeutic Gazette) claims that beyond a slight disturbance there should be no symptoms in the normal menopause. Every definite symptom of pelvic origin which appears at the menopause has a definite lesion to account for it. That is with perfect pelvic organs the years of the menopause will pass perfectly by, with little or nothing to direct the woman's attention to it except the cessation of the catamenia. It must be insisted upon that relatively slight lesions may at this period initiate processes of real importance or may at least cause symptoms of importance which usually take the form of either greatly increased nervousness, pelvic pressure or bearing down sensations, actual pelvic pain, or irregular or increased flow. All these are abnormal, can in most cases be referred to a definite pelvic cause, and should always attract attention because usually they can be relieved by an intelligent understanding of the class of lesions to which each class of symptoms may be referred.

Safety Check Paper Can be Readily Produced by Anyone. In these days when a chemical composition can be placed on your check the amount removed and another amount placed over your signature it has become necessary for most men who have any amount of money in bank above the amount of the check drawn to carry check punches. A very simple way of preparing your check books is to dip them for two minutes in a solution of one teaspoonful of gallic acid in one quart of distilled or boiling water. After this has become perfectly dry any attempt to erase the writing on the check totally destroys it, especially with chemicals or any solution containing water, alcohol, or other liquid as a component part. Dry chemicals having power to destroy the ink will destroy the paper. The simplicity, convenience and costlessness highly recommend this method.

Iodine in Surgery. Senn, Surgery, Obstetrics and Gynecology, considers iodine as the safest and most potent of all known antiseptics. In proper dilution to serve its purpose as an antiseptic, it does not damage the tissues; on the contrary, it acts the part of a useful tissue stimulant, producing an active phagocytosis, a process so desirable in the treatment of acute and chronic inflammatory affections. In the treatment of simple hyperplastic goiter, actinomycosis and blastomycosis, the local use of iodine is made more effectual by cataphoresis.

Pregnancy Associated with Diabetes. Tate, M. A., Cincinnati (Am. Joural of Obstetrics and Annals of Gynecology), discusses this rare condition as being as grave as in other lines of practice, also grouping his cases so as to draw a distinct line between sugar in the urine due to lactose and to diabetes. He quotes Partridge's definition of puerperal diabetes as diabetes developing during pregnancy, lasting through a considerable part of the whole gestation and disappearing to reoccur in succeeding pregnancies. Three symptoms usually attract our attention: thirst, polyuria and pruritus vulvae. The author describes one case of his own and twenty-two from the literature. He finds that a woman who is diabetic rarely becomes pregnant, but if she does she is generally so debilitated that she does not carry the child to full term. Diabetes occurring in women of the child-bearing age, results in a suppression of menstruation, and even atrophy of the uterus has been seen to follow. Out of the 23 cases quoted there were 12 recoveries and 11 deaths, giving a mortality of 48 per cent. This includes all cases that die as a result of persisting diabetes. There were 19 multipara and 4 primipara. Of the four primipara one died and three recovered. It is fortunate that so small a number of diabetic women become pregnant as diabetes itself is such a serious disease to handle when uncomplicated. Of the nineteen multipara ten died and nine recovered. In one case reported menstruation persisted throughout the pregnancy. In two cases there was an excess of liquor amnii, one died. In one case sugar was found in the liquor amnii, the woman dying of diabetes eight months after the birth of the child. In one case sugar was found in the urine of the infant. Both mother and child lived. When our judgment justifies, the indication of premature labor is permissable.

Skin Foods and Creams. The ideal skin food and massage cream should be totally absorbed by the skin leaving no trace of grease or a greasy feeling after the massaging process is finished. This desideratum can only be obtained by the omission of grease altogether or the thorough saponification of the oily ingredients. The most satisfactory preparations are those containing caseine as a base. The following is a good formula for improved massage-cream: glycerine 1 oz., borax 2 dr., boric acid 1 dr., oil rose geranium 30 drops, oil anise 15 drops, oil of bitter almond 15 drops, milk one gallon. Heat the milk till it curdles and allow it to stand twelve hours. Strain through a cheese-cloth and allow to stand twelve hours. Mix in the salts and the glycerine and triturate in a mortar, finally adding the odors and coloring. The curdled milk must be as free from water as possible to prevent separation. Milk will sometimes not curdle readily, when one ounce of water of ammonia should be added. Take a gallon of good milk and an ounce of ammonia water and heat (not boil), allow to stand for twenty-four hours and no trouble will be experienced in forming a good base for the cream. If lanoline and oil preparations are preferred, try the following formula, the favorite of the eminent dermatologist Sands: Snow white cold cream 4 oz., adeps lanum 4 oz., oil pertrolatum album 4 oz., distilled water 4 oz. In hot weather add spermaceti 1½ dr., and white wax 2½ dr. In winter these two are left out and the proportion of coca butter modified. Prepare and perfume in proportion same as cold cream. Another good formula for facial massage cream: Warm milk to about 40 deg. C. (104 F.) and add a small amount of ammonia water. Allow to stand for twenty-four hours when the fat is skimmed off the top. To the remaining liquid add acetic acid to excess to precipitate the caseine. Col-

lect the precipitate on a straining cloth or filter. Wash the precipitate with water until the washings are no longer acid. Allow to drain thoroughly. While precipitate is slightly moist, add a small quantity of glycerine and rub the mixture in a mortar until a smooth paste is obtained. Add about two drachms of boric acid to each pound of cream. Incorporate thoroughly about two drops of bitter almond oil or other flavoring agent and add carmine to give a pink or flesh color. Keep in well stoppered bottles. Following is another good formula: Lanoline two oz., cotton seed oil (bleached) 3 oz., castor oil 2 oz., spermaceti 1½ oz., white wax ½ oz., borax ½ dr., aqua rosa 3 oz., perfume and color. A good wrinkle cream: Oil sweet almonds 3 oz., tinct. benzoin 2 drops, oil of cacao 1 oz., lanoline 1 oz. Another skin food: Oil amygdal. dulc. 2 oz., lanoline 1 oz., ext. hamamelis concentrated, 2 oz., oil cacao 2 oz., mutton tallow 1 oz., tr. benzoin 1 dr., ext. rosa alba ½ dr. Beat oils to cream then slowly add tr. benzoin drop by drop, then witch hazel and perfume. Another good wrinkle cream: Lanoline 1 oz., white wax 1 dr., spermaceti 1 dr., oil olivae 1 oz., camphor gum 1 oz. Following is what is known as a good pore food: White wax ½ oz., spermaceti ½ oz., sweet almond oil 1 oz., vaseline ½ oz. Melt and stir. If too thick, add sweet almond oil.

Specific Vaginitis in Little Children.—Trentwith in a report on this subject to the New York Academy of Medicine stated that in twelve cases one-half were infected indirectly from the father. Several cases which were infected by a sister ought to be classified also as indirectly infected by the father. One case had a discharge shortly after returning from a day nursery. The treatment was as follows: A soft rubber catheter not larger than a No. 15 Fr. and a fountain syringe were provided. By means of a medicine-dropper connection was effected between the tubing and the catheter. The bag was filled with a warm solution of permanganate of potash 1:4000, then elevated three or four feet above the buttocks, the child reclining on a douche-pan with the thighs abducted and flexed to the full extent. The catheter was introduced into the vagina and the full amount of the solution allowed to flow. This was done two or three times daily according to the severity of the case. After the discharge became slight in amount and muco-purulent in character, the potassium permanganate was stopped and douches of equal parts of sulphate of zinc and alum dr. 1 to a pint were given night and morning. These cases were often a long time in getting well because the mother was insufficiently impressed with the importance of the treatment. When the discharge became slight and the douche of zinc and alum was being used at home the physician himself injected into the vagina nitrate of silver in strengths of 1-2000, 1-1000, 1-500, 1-250, 1-125. This usually completed the cure. The urethra became involved in but two cases of this series. Application of a 10 p. c. solution of nitrate of silver directly to the urethra a cure was generally readily effected. Mothers were instructed to keep the external genitals very clean by frequent washings with castile soap and dusting with talcum powder or boric acid. The child should wear a napkin of bleached gauze which could be thrown away. The mother was always informed as to the infectiousness of the disease. The average length of treatment was four and a half months. In those cases where the treatment was begun within two weeks the cure was effected within seven weeks. The mother should be instructed how to pass the catheter into the vagina and pass it once or twice in the presence of

the physician. The reporter thought it not impossible that a case of specific vaginitis in a girl could go on to womanhood and set up a case of genorrhoea in the husband. In conclusion he emphasized the following points: 1. The great need of early diagnosis and treatment; 2, the necessity of frequent douching wtih large quantities of solution; 3, the non-use of cotton as a dressing for the parts; 4, the need for care and gentleness in the treatment of the case; 5, that the case should not be considered cured until not only the discharge has stopped but till it was no longer possible to find the gonococcus in the vaginal secretions; 6, the need of impressing the mother with the seroius nature of the disease, and the necessity for treatment, until the gonococci have entirely disappeared; 7, the greater dissemination of knowledge among men and women who suffer from gonorrhoea, as to its infectiousness to others, and its power to do great harm at a time remote from the primary infection, when the disease remains uncured; 8, the great necessity of keeping cases of specific vaginitis out of the day-nurseries and babies' hospitals because of the epidemic character which it assumes among the inmates. Heiman reports that he has found epidemic vaginitis in nearly every hospital in New York City. The only way to stamp out the disease in institutions is to adopt a rigid quarantine such as for scarlet fever or diphtheria. La Fetra believes that 90 per cent of cases of vaginitis seen in children are gonorrheal in character.

Eucalyptus Oil Poisoning. Dr. Joseph Benjamin, in Practical Medicine, Delhi, India, gives the following interesting report:

On the 22nd of March, 1906, I was called to see a child aged eight years. The lad was suffering from remittent fever and the medical practitioner, who was attending him, had given some eucalyptus oil in a phial to sprinkle in his bed, along with a diaphoretic mixture for the fever. The attendant by mistake gave the child about six drachms of the eucalyptus oil in place of diaphoretic mixture. Half an hour after the patient vomited and then became unconscious. The vomited matter smelt strongly of eucalyptus oil. He was given warm water and common salt and his throat tickled with feather to induce vomiting. The child vomited thrice, but still remained unconscious. When I saw him at 11 a. m., about six hours after the eucalyptus oil was given I found him unconscious, pupils very much contracted, breathing somewhat laboured, and he was getting hiccough every four or five minutes. His bowels had moved once at 9:30 a. m., but he passed no urine. The abdomen was tympanitic, temperature 99.8°, pulse 128, respirations 36 per minute. Cold water was poured over his head for fifteen minutes and a mustard plaster was applied to the nape of the neck. A short time after this he passed a solid stool, but the abdomen remained tympanic for which a warm water enema was given, which brought out some yellowish liquid. Then I gave a stimulant mixture containing spirit ether, sp. ammon. arom., tinctures of cinchona and digitalis. This was given with milk. At 12:30 p. m. the patient was slightly conscious and when asked to put out his tongue, could do it partially. Soon after he become unconscious again. Ice was then ordered to be applied over his head. This caused the patient to regain consciousness at 3 p. m. and pass urine. The stimulant mixture was continued every two hours. In the morning when I saw him he was perfectly conscious, but had slight fever.

Remarks.—Eucalyptus oil is generally considered innocuous, but from the above case and the three cases recently reported in the Lancet of 30th

Sept. and 30th Dec., 1905, it is evident that the oil is a narcotic poison and care should be taken not to keep it mixed up with other medicines, near the patient. In the cases reported in the Lancet, only a teaspoonful of the oil caused poisonous symptoms in the adults.

Acute Pelvic Infections. Dr. J. C. Taylor read a paper at the meeting of the Clinical Society of the New York Polyclinic Medical School and Hospital, of unusual interest and was entitled "Acute Pelvic Infections."

He said, in part: It is but a few years since a woman's tubes and ovaries were sacrificed by an operator lest a future laparotomy should be required. Actuated by a sense of thoroughness, he deprived women of the function of menstruation, which is interwoven with their mental as well as physical life. It is better to conserve these organs, even if elaborate and hazardous procedures must be adopted to accomplish this end as well as to cure the patient. He did not advocate, however, the carrying of conservatism in connection with special organs so far as to endanger the constitutional condition of women. There is a broader conservatism in connection with special organs so far as to endanger the constitutional condition of women. There is a broader conservatism which seeks to restore the general health of the patient, even if special organs must be sacrificed to attain such an end. To this end he made an appeal for early surgical interference in the acute diseases of the female organs. Conservative operations sometimes may fail; but even if they do, radical procedures must be adopted later without added risk to the patient. On the other hand, it is impossible to restore organs removed by radical work.

For many years it has been customary in most large hospitals to treat patients suffering from extension of gonorrheal inflammation to the tubes by hot antiseptic douches or perhaps by tampons and an ice-bag externally over the lower abdominal region. When the acuteness of the attack had somewhat subsided the tubes as well as the ovaries were frequently swollen and engorged to such an extent as to be designated as tumors and removal was advised; whereas, without apparent mutilation, the inflammation might have been checked in the beginning and the woman allowed to keep her organs, though somewhat damaged. The conservative work to be attempted is mainly that of evacuating the free pus in the cul desac when the operator is convinced by the bulging of the wall of the posterior fornix that purulent exudate is present in abundance. The gonococci, in an active state, after they have gained entrance into the uterine cavity, cause a destruction of the superficial cells, work their way into the deeper layers, and are the cause of an immense amount of purulent exudate, destruction and infiltration of the outer layers and edema of the deeper structures. Unfortunately, after gonorrhoea has once become well established within the uterus, it invades by continuity of tissue the Fallopian tubes. The inner surface of the uterus may become such an active seat of inflammation in its deeper layers that the walls of the smaller vessels become involved, as do the surrounding lymphatics and the normal structure is almost entirely destroyed. The walls of the uterine cavity thus become suppurating surfaces, which later become sclerotic, and this is followed by a shrinking of the organ.

Our doubts are traitors and make us lose the good we oft might win by fearing to attempt.—Shakespeare.

THE DOCTORS' WORLD

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

High Frequency Currents—At the recent meeting of the Fifteenth International Congress at Lisbon, Dr. Chas. W. Allen of New York, contributed a paper on high frequency currents. The Medical Record gives the following summary of the paper: He stated that currents of high voltage and high frequency were of decided benefit in treating a large number of dermatological diseases. High frequency sparks had not only a surface, but a penetrating effect. They were useful in diagnosis, detecting disease in apparently healthy skin, and sought out, as well as destroyed, remnants and recurrences in scar tissue. Epithelioma, lupus, lupus,erythematosis, and lichen planus were among the diseases most benefited. In pruritic and painful affections the spark was a decided utility, and in the destruction of moles it acted promptly and painlessly. The author therefore considered it a great prophylactic measure against malignant degeneration in such growths.

Dr. Allen died of typhoid fever, at Gibraltar, May 30, aged 51 years. He was a leading dermatologist and X-ray worker and a medical author of note.

Malignant Disease—Joseph D. Bryant, M. D., N. Y., (J. A. M. A.,) in his oration on surgery at the meeting of the American Medical Association, reviews the history of cancer. He states that this disease was undoubtedly known at a very early period, and refers to the works of Hippocrates, Galen and Pare. Bryant considers cancer a disease of devolution. He states that the vertebrates are all more or less afflicted with this disease—the highest orders suffering more than all other orders combined. He also calls attention to the fact that vegetables suffer from a similar disease. He refers to the efforts directed to the solution of the mystery of malignant disease and to the various commissions working along this line. He divides cancers into accessible and inaccessible varieties, depending on the location of the lesion, and considers frequency of each variety in males and females. He finds that there are more gastro-intestinal cancers in men than in women, while cancer of the reproductive organs occurs more frequently in women. He also discusses the age limit of various tissues in relation to cancer. The importance of early diagnosis and treatment is emphasized.

Malgaigne's Operation for Removal of Lower Lip.—At a meeting of the Clinical Society of the New York Polyclinic Medical School and Hospital, Dr. DeWitt showed a patient on which Dr. Dawbarn had performed Malgaigne's operation for removal of the lower lip, removing a little more than the lip itself. Malgaigne's operation is as follows: The first incision is made at a corner of the mouth and extends about two-thirds of the distance to the angle of the jaw. The second incision is made almost parallel to the first but slightly divergent under the jaw. At the posterior end of this incision a triangular notch about half an inch in length is made to prevent

the puckering which would otherwise occur when the sutures were inserted. To preserve the vermillion border of the lip the first incision is carried only to the mucous membrane, which is dissected up and brought over to form a covering. Dr. Dawbarn's operation differed from that of Malgaigne in three respects. First, instead of making a triangular notch at the posterior end of incision number one, he made it nearer the nose, so that the wrinkle would hide the scar, and also to avoid the danger of injury to Stenson's duct. Second, incision number two was more divergent and was carried further down the neck, so as to allow a wide field for completely dissecting out the submaxillary and sublingual glands. Third, relaxation button-sutured were applied in such a manner that the sutures did not penetrate the skin, thus leaving no scar. The sutures were carried from the inner side of the mouth only to the cuticle, then out again to the inner side of the mouth, across the wound, in again to the cuticle and then out to the mucous membrane. The operation was entirely successful, leaving so small evidence as to be almost unnoticeable except when the patient talked, when a slight contraction was apparent.

How Progress Comes in Medicine.—In his oration on medicine at the fifty-seventh annual session of the American Medical Association, Dr. F. C. Shattuck, Boston, J. A. M. A.,) says that there has been no very conspicuous advance in medicine during the past year; that is, the progress has been general rather than conspicuously in any one direction. He therefore reviews the progress in medicine along the different lines, pointing out especially the interdependence of research in the different departments of pathology, clinical medicine and surgery, physiology and pathology. We are apt, he thinks, to limit the term scientific medicine too much to the work that is done in the laboratory, while in reality the work of the clinician may be fully as scientific, and he refers to the medical history of myxedema as furnishing one of the best illustrations of the interdependence of workers in different fields of medicine. Physics has contributed one of the most notable of recent advances in the Roentgen ray and chemistry looms large in the future. It is to the biologic chemist that we have to look for the solution or aid in the solution, of some of the most important problems that confront us at present. Lastly, he says, that medicine owes a debt even to the half truths of homeopathy and faith cure, which have broadened out therapeutics and incited a closer study of facts that throw a light on physiology and pathology, stimulate the study of experimental psychology and illuminate the influence of the nervous system on the circulation and through it on nutrition.

The Medical Profession and the Issues Which Confront it.—In his presidential address at the Boston meeting, Dr. W. J. Mayo (Journal A. M. A.,) congratulates the association on its growth and prosperity and on the regained utility of the profession in New York, and points out that these are only the beginnings of the task before it. With its more perfected organization the profession must educate the public to appreciate the broad humanitarianism of modern medicine, and this can best be done, as Dr. McCormack has shown, through the local medical society. The good work of enlightenment of the public conscience as to the advertising frauds must be kept up and needed sanitary legislation secured. A higher general standard of medical requirements and better supervision of professional schools

is demanded. No one, whatever he may profess, should be permitted to practice medicine without having proved that he possesses a knowledge of the fundamental principles of medical science, and this should be a universal requirement. There should also be an agreement, Dr. Mayo states, between the licensing boards of the different states as to the minimum of requirements, so as to secure more uniform examinations and reciprocity. The evils of lodge practice, hospital and dispensary abuses and the relations of the profession to corporations, insurance companies, etc., are also referred to; the money standard of success and the commission evil are deplored. The relation of the physician to the pharmacist, he states, is not so satisfactory as is desirable, and mutual concessions may be needed for the benefit of both and in the interest also of the public. In conclusion, Dr. Mayo speaks of the necessity of constant studious habits to a physician, and of a harmonious organization of the profession that will encourage right thinking and good usage, help to secure needed reforms, compel redress of grievances and promote and encourage the highest interests of its individual members.

American Medical Association—The fifty-seventh annual meeting of the American Medical Association held at Boston, June 5-8, was marked by a large attendance and a high grade of papers. From a report of the meeting in the Medical Record we take the following:

Reciprocity in Medical Practice. Dr. W. L. Rodman of Philadelphia, Pa., said that reciprocity of licensure between the various states was the burning topic in the practice of medicine at the present day, and every one admitted that there were serious injustices worked in individual cases by the present confusion of state laws. The committee suggested that a council on Medical Education should be intrusted with the recognition of the attainments and the moral character of applicants to practice and that their recommendation should have weight with all state examining boards. Ten years of practice should be considered the equivalent of passage of an examination. Uniformity could only be brought about by the fusion of many elements in medical life. The examining boards, the association of medical colleges, and the state societies might work together for it. The outlook would be hopeful if a start were once made.

Independent Medical Journals.—The committee disclaimed any intention on the part of the National Association or on that of the state societies to injure the independent medical journals owned or edited by physicians. These had in the past done excellent work for the development of medicine and the diffusion of the knowledge of medical advances. Many of them still continued to accomplish this valuable purpose. The house of delegates then was asked to recommend to the support and patronage of the members of the American Medical Association such medical journals as did not receive unethical advertisements.

Proposed Investigation of the Treasurer and Editor.—Dr. H. O. Walker of Detroit, referring to the great dissatisfaction felt and expressed by so many members with the management of the affairs of the association, offered a resolution that a committee of five be appointed to investigate the management of the association, and the way in which its journal was conducted, to go over the business accounts, and in other ways to ascertain and report upon all the facts which were now unknown or not understood by the great body of members of the association.

That the distrust of those, who managed the affairs of the association was felt by a large and increasing number of the members was evidenced, he said, by the fact that the retiring president, in his address, found it necessary to express his disbelief in the existence of a "ring" having the association under its control. A motion to lay the resolution on the table was carried.

The officers elected are: President, Dr. Joseph D. Bryant of New York; Vice-President, Drs. Herbert L. Burrell of Boston, Andrew C. Smith of Portland, Ore., E. S. Fairchild of Des-Moines, Iowa, and W. S. Foster of Puttsburg, Pa.; Treasurer, Dr. Frank Billings of Chicago; Secretary, Dr. George H. Simmons of Chicago; Trustees, Drs. M. L. Harris of Chicago, W. H. Welch of Baltimore, Md., and Miles M. Porter of Fort Wayne, Ind. Atlantic City was chosen as the place of meeting in June, 1907.

General Anesthetics. — General anesthetics form the subject of Chapter XXV., of the Pharmacopeia and the Physician, Journal A. M.A., June 16. The history of anesthesia is briefly reviewed and the various agents noticed. Nitrous oxid is the safest of the anesthetics; aside from its use in dentistry and in preliminary anesthesia followed by other agents, its application is extremely limited. The mixtures that have been more or less widely employed, such as the A. C. E. mixture and the M. S. mixture, are mentioned and the advisability of their employment is questioned on account of the instability of the chemical substances of which they are composed, chloroform especially being readily decomposed, and among its possible decomposition products is included the really dangerous substance phosgene. The recently discovered anesthetic action of the intraspinal injection of magnesium sulphate is mentioned and caution advised in its employment on account of its effects on the respiration and its possible dangers. Scopolamin-morphin solution and other similar solutions of morphine, atropin and chloral, receive due notice. A number of deaths have been reported as occurring with the use of the first named, but it is still being recommended by some as a satisfactory method. The three principle anesthetic agents, ethyl chlorid, ether and chloroform are noticed at more length. The first-named is considered as probably more dangerous than ether, but less so than chloroform; it has the advantage of saving time in anesthesia, but its expense, explosiveness and extreme volatility are disadvantages. The actions of chloroform and ether are discussed, and the advantages and disadvantages of each are stated. Each has its special indications, but ether, being the safer, should be preferred whenever it is non-contraindicated by its irritant and excitant action, and chloroform should not be used except by an experienced and reasonably skilled anesthetist. Particular details of the administration of ether, such as gaining the patient's confidence, are given, and the importance of avoiding too great concentration of the vapor, especially in administering chloroform, is emphasized.

Our fathers and mothers laugh while they watch us trying to train their grandchildren.

It is easy to be liberal with what does not belong to you.

Those who heal are those we love.

Here's a cure for many maladies and disappointments—back to work again.

Gentlemen who want the earth often get it before they expect it.

A fool will find a flaw in the finest work of art.—Creswell Maclaughlin in the American Magazine.

PRESCRIPTIONS

By J. A. Burnett, M. D., Cecil, Ark.

FEBRIFUGE

The following is a valuable febrifuge when the fever is high and there is much pain.

℞

Acetanilid .....gr. xxiv
Sodium salicylate....gr. xxxij

M. Sig.—Divide into eight powders and give one every 2 or 3 hours as needed.

CHOLERA INFANTUM AND SUMMER COMPLAINT

The following will be found to be of value in cholera infantum and summer complaint of children.

℞

Bismuth subnitrate.....ʒj
Mercury with chalk
Pulv. hydrastis .....aa ʒss

M. Sig.—Dose, four grains every two or three hours for a two year old child.

DIARRHOEA

Ordinary cases of diarrhoea can be controlled by the following:

℞

Bismuth subnitrate.....gr. x.
Sodium sulphocarbolate..gr. iij.
Cinnamon.....gr. ij..
Opium .....gr. ss.

M. Sig.—This is one adult dose to be repeated every two or three hours as long as needed.

ITCH

The following will be of value in most cases of itch:

℞

Calomel
Sulphur .....aa ʒj.
Vaseline .....℥j.

M. Sig.—Apply once or twice a day.

DIARRHOEA

Simple diarrhoea which occurs in the course of many diseases can be relieved by the following:

℞

Neutralizing cordial.....ʒiij.
Fluid ext. coto bark.....ʒj.

M. Sig.—Dose, one drachm every one, two, three or four hours as needed.

BLEEDING DIARRHOEA

Diarrhoea in which there is much blood can be controlled by the following:

℞

Capsicum .....gr. viij.
Cinnamon .....gr. xvj.
Geranium .....gr. xxxij.

M. Sig.—Divide into eight doses and give one in hot water every one, two or three hours until relieved.

NEURALGIA

Neuralgia is a very painful condition but can usually be relieved by the following:

℞

Acetanilid
Quinine .....aa gr. xxiv.
Salacin .....gr. vj.
Morphine .....gr. ij.

M. Sig.—Divide into twelve doses and take one every two or three hours until relieved.

BILIOUS DIARRHOEA

In cases of bilious diarrhoea where it is bad enough to fastly exhaust the patient, the following can be used with good results:

℞

Calomel .....gr. vj.
Pulv. opium.....gr. iv.
Bismuth subnitrate....gr. xxx.

M. Sig.—Divide into six powders and give one every hour until all are taken or the diarrhoea controlled.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

CYSTOGEN AS AN ANTISEPTIC IN DISEASES OF THE GENITO-URINARY ORGANS

By C. W. Canan, B. S., M. D., Orkney Springs, Va.

Case I. R. S., clerk; age, 28; married; no history of venereal disease. On several occasions during the last eight years had suffered from severe attacks of vesical irritation with frequent micturition and tenesmus and the passage of cloudy, ill-smelling urine containing pus and showing a trace of albumen. These attacks lasted from a few days to as many weeks and were occasionally accompanied by retention and constant pain in the perineum. At these times the patient had a rise in temperature and marked prostration. Urinary analysis: Cloudy, neutral, sp. gr. 1022 and slight trace of albumen. Under the microscope, there were numerous shreds, free pus, blood and bacteria. Diagnosis: Chronic follicular prostatitis with exacerbations of acute urethritis complicated with pyelitis. Treatment: Daily irrigation of bladder and urethra with a solution of permanganate of potassium, also massage of prostate and painting with iodine. Internal treatment consisted of cystogen in five gr. doses every six hours and rest in bed was absolutely enjoined. This treatment in three weeks brought about a complete cure.

Case II. Emma C., farmer's wife; age, 26; was delivered of a girl baby on February 1st and made a good recovery except a pain which was severe in passing urine, a constant desire to urinate and pains in back and limbs. For this she had been treated by her physician with poor results. On March 16th she came under my care. Her symptoms indicated renal disease. Examined urine March 17th; quantity, 41 ounces; sp. gr. 1026; reaction decidedly acid; flocculent sediment; albumen, one-sixth of one per cent by weight. A few granular casts. Diagnosis: Cystitis and secondary pyelitis. Treatment: Douched out bladder twice with a mild solution of permanganate potassium and gave her five gr. cystogen four times daily. In one month she reported cured, but had her continue the cystogen for a week or two longer, three times daily.

We now desire to report a few cases that often puzzle the physician as the symptoms are obscure.

Case III. Miss Sallie S., teacher; 32 years, frail constitution; complained as follows: Continuous headache; vision dim, and eyes very sensitive to light, with glimmering and floating particles in the field of vision; lumbar pains and soreness, tongue badly furred and breath offensive. Nausea almost constant, with vomiting occasionally and eructations of gas frequent; arterial tension high, heart normal except sharp tone of beats. Temperature normal, respiration normal. Tenderness over renal areas, other organs normal. Analysis of urine: Color dark; reaction acid; no albumen; no sugar; no casts; solids 260 gr., quantity in 24 hours 16 oz. This patient had been treated for biliousness for some time with poor results. Treatment: One five gr. tablet of cystogen four times daily, with a strict milk diet. To this was added glonoin gr. 1-250 every four hours. The solids in the urine increased rapidly, the arterial tension gradually abated and headache rapidly disappeared.

Case IV. Mrs. Ella M.; married domestic; age, 42; had enjoyed good health until the last few months. When questioned, she gave the following history: Irregular pains in joints and muscles, constipation, coated tongue, no appetite, insomnia and neurasthenia. Respiration 24; pulse 98; temp. 101° F.; high arterial tension. Analysis of urine: Color dark with brick dust deposits, reaction excessively acid; solids 260 grs.; quantity voided 18 oz. There was no sugar, but a trace of albumen; casts doubtful. Treatment: One teaspoonful of effervescent cystogen in a glass of distilled water four times daily. A strict milk diet. I also gave her a little pill every night on retiring for her constipation. In a few days the quantity of urine was doubled, and the solids continued to rise. At the end of two months all symptoms had disappeared and she was dismissed.

Case V. Mr. S. E., clerk; age, 45; family history good except rheumatic history. He was a large corpulent man and a hearty eater. Complained of pains in back and limbs and every few days had a decided chill. Had previously been treated for malaria without benefit. Both feet and limbs were swollen almost to the knees; his vision was cloudy and a puffiness under the eyes on rising in the morning. Arterial tension high, tongue coated and dullness over renal areas; other organs normal. Analysis of urine: color straw; reaction acid; albumen trace; sugar, decided; casts hyaline and granular; sp. gr. 1012. Treatment: The bowels were first cleansed with mild chloride followed by magnesia. This was followed by 5 gr. cystogen four times dialy. Glonoin was also given three times per day in 1-125 gr. each with a strict buttermilk diet. Under this plan of treatment the improvement was decided and at the end of two months he pronounced himself well. In this case the glonoin was discontinued after the third day, as it flushed his face too much. In a few months his former troubles returned and he was again placed upon a milk diet and was given 5 gr. cystogen three times daily. By the end of a month he was decidedly improved. One year has now elapsed and his health remains good so long as he adheres to his diet list.

Case VI. Mrs. Amanda R.; age 32; weight, 130 lbs., mother of four children; family history good except an aunt who had died of Bright's disease. She complained of vague pains and aches in back and limbs, also of a constant burning on top of head. At times this area and at other the whole scalp became hypersensitive, so much so that she could not bear to have her hair combed. The field of vision was dim and blurred. She also often complained of dizziness and at times fainted. Tongue coated and breath offensive. Other organs normal except kidneys which were tender on deep palpation. Analysis of urine: Color dark; reaction acid; specific gravity 1018; albumen none; sugar none; casts doubtful; solids 326 grs. per day. Ounces voided 20 in day and night. Treatment: 5 gr. cystogen every four hours and the following three times daily :

℞

Nitro-muriatic acid dil. . . ʒi.
Aquae dist. q. s. ad. . . . . ℥iii

M. et. sig. Half teaspoonful in half glass of water and taken slowly after each meal.

The above with a milk and light fruit diet restored her to normal health.

We have notes of several similar cases but think the above will give the reader a fair idea of this class of cases. In many of these conditoins the symptoms are so vague and obscure that it is impossible to make a correct diagnosis. When this cannot be accomplished it is good treatment to stimulate the liver disinfect the alimentary tract, flush out the kidneys and render the urine antiseptic and bland.

VIBRATION

We have just received a little booklet on vibratory treatments and do not believe we have ever read a more succinct or logical explanation of the value of vibration and are taking the liberty of quoting from it:

Pathologic action is essentially either interrupted or exaggerated physiologic action. All vital processes are now known to be actuated by vibratory motion of one or another velocity.

In a state of health vital vibrations are rhythmic and therefore harmonious. In disease these vibrations are thrown into discord. Mechanical vibratory impulses may be made to accelerate vibrations that have been jarred out of rhythm.

What could be more natural than to invoke artificial or mechanical impulses to aid or correct lagging or lacking vital impulses. This indicates the logical and physiological basis of mechanical vibration.

It relieves congestion; it equalizes the circulation; it discusses and disperses exudates, tumors, and mobid growths. It soothes perturbed nerves; it allays pain; it rouses dormant nerve centers; it retards and regulates over-active organs or functions; it relaxes contracted and restores atrophied muscles; it is a sovereign and physiologically legitimate remedy in myalgia, lumbago and the various forms of neuralgia.

It is the best known stimulant of absorption and assimilation. It promptly rouses sluggish lymphatics and keeps them in vigorous activity.

In a word it stimulates in a legitimate and healthful manner the general metabolism of the body; diffusing a glow over the entire system, and imparting a sense of comfort and well being to which the patient has long been a stranger.

Specifically it is applicable to scores of conditions which the foregoing principles will suggest to every thinking physician, and which therefore need not be mentioned.

The publishers are The Sam J. Gorman Co., 153-159 So. Jefferson St., Chicago, and copies will be sent free on request to them.

TREATMENT OF SKIN DISEASES IN WARM WEATHER

During the summer months the treatment of skin diseases presents a serious problem to the medical practitioner. Many and varied are the measures at his command, but he may run the whole gamut of the usual local applications without giving his patient the relief desired.

In Pond's Extract Antiseptic Cream, however, the medical profession have an antiseptic emollient for the skin that invariably brings prompt and pronounced surcease from the itching, burning, smarting and general discomfort that characterizes the various skin lesions. In eczema, dermatitis, pruritus, psoriasis and similar skin affections, Pond's Extract Antiseptic Cream has been found remarkably effective by physicians who have used the cream in these irritating conditions. It is not only a soothing and palliative application, but will be found to possess true healing properties as well.

Dr. Johnson of the Panama Canal Zone writes: "Heretofore the only remedy that seemed to control ringworm and mud itch of the tropics was tinct. iodine or glacial carbolic acid. I have found boko balm almost a specific in these and other parasitic skin diseases here, without burning or staining the skin. It acts like magic and causes little or no pain. It allays the bites and stings of insects instantly."

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. IX JULY, 1906 No. 7

Leading Original Articles

CATAPHORESIS

By Gordon G. Burdick, M. D., Chicago, Illinois.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

METALLIC ELECTROLYSIS.

When a direct current leavs a metallic conductor and passes into a fluid or some semi-fluid conductor similar to animal tissue, it carries with it the complete molecules from the metal of which the electrode is composed. The amount of metal carried into the tissues, or solution, depends upon the density or atomic weight of the metal, and the amperage of the current. The lighter metals are disintegrated with much less difficulty than the denser. These molecules that are detached are said to be in a collodial form, which means pure, and in such a condition that they will readily unite with any other susceptible element and will form a salt. The distance the collodial metal is carried into the tissue depends upon the size of the molecule and the density of the tissue traversed. The lighter metals having the smallest molecule, will usually pass into the tissue a great distance, frequently from pole to pole. This principle is used in the arts in electro-plating, and has been found of extraordinary value in electro-therapeutics.

COLLODIAL METAL.

Mon. Rodin of Paris who has done more experimental work with metal in this form than any other man, has proven that it possesses catalytic properties, that is, it is similar to the enzymes; it causes a change to take place without being itself changed in character.

If we cause an "arc" to pass through distilled water between platinum or silver electrodes, using the alternating current as our source of energy, we obtain these metals in a collodial form, and they may be used in the treatment of disease by hypodermic injections. The tonic and autolytic effect is remarkable. This must be used in a glass syringe and platinum-iridium needle, as they will combine instantly with any other metal or free element that may be present. They promote a retrograde metamorphosis in tumors and exudates, and unquestionably have remedial value of a high order. The impossibility so far of preserving them for any length of time has rendered their general use out of the question, and as no practical

apparatus has been discovered to make them fresh from day to day, their use is confined to the larger laboratories. Indications are not wanting however that in a short time a method of preserving them will be found, as we can now keep them by our improved process for several weeks.

METALLIC CATAPHORESIS.

By the use of suitable metals having therapeutic effects when driven into the tissues we can use electricity as our agent for their introduction, and send them within the particular part of the body where we desire their therapeutic effect, and if good judgment is used in diagnosing the actual pathology present, and in the selection of the proper metal, results little short of marvelous may be obtained.

COPPER.

The use of this metal is indicated in all chronic septic conditions, as it is one of the most powerful antiseptics known, and when pure rarely causes much local irritation, and if not used with carelessness no damage can occur; very few bacteria can live in the presence of collodial copper. It is not only a bactericide, but has wonderful astringent properties. It has been found particularly useful in chronic pelvic infections of women, either due to gonorrhea, pus, or tubercular infections. This numerous class of sufferers whose only salvation from a life of invalidism has been the risk of a surgical operation which has unsexed them, and in cases too numerous to mention has left them in a deplorable condition with nervousness, hot and cold flashes, attacks of profuse perspiration, or a sinus, or septic conditions much worse than before the operation. It is in this class of cases that collodial copper has slowly but persistently won its way, until at the present time it may be said to be a recognized, efficient and satisfactory treatment for chronic pelvic inflammations. The technic consists in using a suitable pure copper electrode upon the positive side of the battery, and a large dispersive electrode of clay, or spongio-pillian upon the negative. The copper electrode is covered with sterile pericardium and introduced into the vagina, forced upwards into contact with the tender tube, twenty m. a. of current is used for five minutes dividing the time between each tube in order not to cause an eschar upon the vaginal vault. This amount of current must not be exceeded as it drives within the tissues about four grains of pure collodial copper, and poisonous symptoms will follow if more is given. A general feeling of lassitude with a diffused soreness is experienced after a few treatments, and occasionally the menstrual blood is stained green. Twice a week is the extreme limit that treatments may be given, and the electrodes must be placed in such a position that the copper will pass directly through the tissue that we desire to sterilize. The vaginal vault must be examined from time to time, in order not to produce eschars by carelessness; usually from four to six treatments supplemented with electrical massage will be found sufficient to completely kill off the cause of the inflammation and place the patient in a very satisfactory condition. If ordinary gynecological treatments are given as tampons, glycerine, etc., they will be found a useful adjunct, and by all means should be encouraged.

CERVICITIS.

Cervicitis with profuse leucorrhoea. This condition is usually caused by implanting an infection in the deep cervical mucous glands, and it is perhaps the most obstinate disease the profession has been called upon to treat. Radical operations as deep curreting and the actual cautery have been found wanting, at times merely acting as a palliative measure for a short time, until complete amputation has been ap-

parently the only cure. It is in just such cases as this that the collodial copper has been found to be a specific. Several applications with the negative electrode placed first upon the back, then upon the abdomen and on each side will completely sterilize all of the deep mucous glands of the cervix.

ENDOMETRITIS, GLANDULAR.

This disease is usually the result of a destructive infection, and is accompanied by a hypertrophied uterus, more or less soft to the touch, and a profuse leucorrhoea that saps the vitality of its victim. Intra-uterine applications give temporary relief, but usually currettage has been necessary to give any assurance of a cure, and in a large number of cases receiving only negative results. Collodial copper is ideal for this purpose if used carefully for several weeks moving the negative electrode on different sides of the body, and using suitable shaped uterine electrodes so that they can be moved in contact with all parts of the surface. The uterine mucosa being protected from direct contact with the electrode by a covering of sterile pericardium. A very few weeks of treatment supplemented during the intervals with electrical massage by means of the interrupted current, will bring about a condition extremely satisfactory to both patient and physician. The leucorrhoea stops and the uterus assumes its normal size and all reflex symptoms cease.

PROSTATITIS, CHRONIC.

Chronic prostatitis is usually accompanied with some hypertrophy of the prostate gland and can be greatly benefitted, and in many cases a cure takes place by means of the copper electrode. The usual technic calls for a large copper electrode introduced within the rectum and forced into contact with the prostate gland using about 10 m. a. for four minutes once a week, a large negative electrode being placed over the pubes. Occasionally a copper electrode may be introduced through the urethra, but usually very distressing symptoms follow its use in this place, and few can tolerate it; good results have followed the use of 3 m. a. in this position for two minutes twice a week. Of course both electrode and urethra should be thoroughly cleansed in order not to carry infection into the bladder.

FISTULAE ANO.

Collodial copper has earned a great reputation in this disease, and nearly all cases can be cured if it is possible to follow the different channels. Special electrodes of copper, especially flexible, are used in order to follow the various sinuses, and from 5 to 15 m. a. of current, all depending upon the size of the electrode. The current is continued until the tissue is stained a deep blue. One application is usually sufficient. If the fistula has a hard indurated base and is poorly supplied with blood vessels, we must use zinc electrode amalgamated with mercury preceding the copper treatment, as will be explained later.

HEMORRHOIDS.

In collodial copper we have a very effective remedial agent, and it is usually in the class of cases showing irritation with inflammation and hemorrhage that the best results are obtained. The technic involves the use of a large bulbous electrode which is shaped in such a manner so as to compress the parts, and occasionally where it is necessary it is introduced into the rectum for internal piles. From 10 to 20 m. a. of current is used for ten minutes twice a week, one or two applications is usually all that is required, as prompt absorption and disappearance of the inflammation takes place. The application is usually free from pain, and as a general rule very little reaction follows the treatment.

ACTINOMYCOSIS.

Astonishing success follows the use of collodial copper in this disease. It has been tried with great success experimentally upon cattle, and successfully upon the few cases that occur among the human race. Too few cases however have been treated as yet to justify much enthusiasm, as it is a rare disease among human beings. The technic involves the use of the copper electrode until the active tumor or ulcer is completely stained green and followed with smaller doses from time to time until the process is arrested. The treatment is applicable only to localized diseases and success must not be anticipated where metastasis has occurred.

TUBERCULAR SINUSES.

In collodial copper we have an efficient means of sterilization without running any risk of farther infection by causing traumatism with our manipulations. The best results are obtained by staining the tissues a deep green, and supplementing it by weaker exposures, until reparative changes are induced, then the treatment must be stopped, or more harm than good will be accomplished, as copper in excess is extremely poisonous in large doses, and a patient will complain seriously of intestinal cramps, lassitude and obstinate intestinal indigestion. An excessive dose of copper also effects the normal tissue unfavorably, and great care must be used with this treatment in order to prevent doing harm.

PHAGEDENIC ULCERS.

This class of cases that seem to resist all ordinary means of cure, can frequently be sterilized and stimulated to healthy granulations, by frequent treatment with collodial copper, followed by a general slough produced by an amalgamated zinc electrode. It is much better to use them in this manner and prevent the possibility of reinfection.

CONCLUSION.

In conclusion, let me say that it should not be necessary to impress upon operators' minds that both the surface treated, and the electrodes, must be sterile, as failure to observe these rules will only result in disaster.

The copper electrode after it has been used once is found to be very rough and pitted from the disintrogration of the current, and must be thoroughly polished to a mirror like surface each time after use. This may be done by hand with "jeweler's rouge," or better by putting a buff upon the massage motor, which is the most successful way of doing his work. Many of the armatures of massage motors are split to accommodate a spindle, and a canvas buff can be easily adjusted. The operator must mix plenty of brains with this treatment if he expects good results. He must first have a definite idea of the pathology in the case under consideration, and second, know how and why his treatment is likely to do good. The electric current should never be used with the theory that if it does not do any good, it will not do harm, as it frequently does great harm in ignorant hands. If a little common sense is used with this form of energy, results never before seen in medicine can be had. The most common of all mistakes is overdosage, and must be carefully guarded against.

M. B. Hutchins, Atlanta, Ga. (Journal A. M. A., July 7), enumerates the various skin lesions which may produce cancer, such as the irregular scaly, crusty, horny patches seen on certain skins, fissures, lupus, moles, X-ray ulcers, irritation from jagged tooth, also cases of so-called benign tumors and cysts. He urges the importance of attention to these conditions in time to prevent their malignant development.

PARATYPHOID FEVER

By William F. Waugh, A. M., M. D., Chicago, Ill.

The study of the typhoid group has revealed the presence of fevers closely resembling true typhoid, but differing in that they do not respond to the Widal test. From these a bacillus has been isolated which gives a prompt reaction with the diluted blood of the patient but not with that of those suffering with true typhoid which reacts to the Widal.

The new bacillus belongs to the colon group, is motile, has flagella, does not liquefy gelatin, differs from the colon bacillus in not coagulating milk, fermenting lactose or forming indol; from the typhoid bacillus by producing gas, fermenting glucose, and producing alkali in the culture media. (Meltzer, Med. Record.)

Close relations exist between this organism and a group of bacilli isolated from meat of cattle that had caused epidemics of poisoning in various parts of Germany.

The disease has been recognized as forming a small part of typhoid epidemics in several countries, about 10 per cent of the cases being paratyphoid. No special predisposition has been ascertained, as to age, sex, etc.

As compared with true typhoid, the incubation of paratyphoid is brief, the attack is abrupt. It begins with malaise, dullness and apathy, severe headache, diarrhea at first, followed by mild constipation, and fever rising rather rapidly to 104. The slow pulse, enlargement of the spleen, rose spots, bronchial irritation, diazo reaction, epistaxis, intestinal hemorrhage, and in one case an osteomyelitic abscess developing as a sequel, show the close resemblance to the history of typhoid fever. Nausea and vomiting are sometimes manifest.

Sometimes chilly sensations and abdominal pains are early symptoms. A dull flush appears over the malar bones. The tongue is coated, sometimes dry, sordes appear, the abdomen is distended and tender, and boils and abscesses may form. There are no special blood changes or leucocytosis.

The course is irregular, ending by lysis or by crisis, with short convalescence. Relapses are rare, complications common. The prognosis is better than that of true typhoid, and very seldom has a recognized case proved fatal.

The diagnosis is difficult, because some cases are probably multiple, the Widal reaction showing the presence of typhoid, but examination of the blood, feces and urine disclosing the presence of the paratyphoid bacillus also.

The treatment is that of typhoid fever. Meltzer unintentionally furnishes the following strong argument in favor of the use of intestinal antiseptics: "All will agree that the presence of a few typhoid bacilli in the intestines will not always cause typhoid fever. It has been shown that the intestines of the normal human being contain sometimes typhoid bacilli, and probably contain often enough some paratyphoid bacilli. If these are small in number and not very virulent, they will probably bring no harm to their host, and sooner or later will perish by the overgrowth of the saprophytic inhabitants of the intestine. And even if some of their number succeed in penetrating the epithelial layer and entering the circulation, they will meet there their destruction from the bactericidal forces normally present in the blood."

From this we see that the clinical advantages accruing from the use of the intestinal antiseptics are fully explicable on the latest and most approved conclusions of the laboratory. We therefore commence the treatment of such cases by completely emptying the alimentary canal, to reduce at once the

number of the invaders that are attacking the epithelial defenses. Give a grain of calomel in divided doses, possibly with similar doses of podophyllin, followed by repeated saline laxatives and colonic flushes, until the lower bowel is absolutely empty. Meanwhile give the sulphocarbolates in doses of five to ten grains every hour or two, until the stools are deodorized, and then reduce to one-half the dose for the remainder of the illness. This reduces the numbers of the intestinal enemies, and cuts off reinforcements from those that have already entered the blood, and these will then be successfully disposed of by the forces of the system. To insure this, however, we proceed to reinforce the phagocytes by full doses of nuclein solution, up to a dram each 24 hours, given hypodermatically or dropped on the tongue to be absorbed from the mouth.

This constitutes the dominant or specific treatment. The variant comprises the remedies indicated in each case by its special symptomatology; aconitine for fever, veratrine for defective elimination, digitalin to sustain the heart, strychnine to incite the vital forces, sanguinarine to stimulate the respiratory tissues in hypostatic pulmonary congestion, silver or volatile oils to heal intestinal ulcers if permitted to form, atropine for hemorrhages, zinc valerianate for delirium, and the carefully arranged diet suitable for the peculiar digestive conditions presented by the typhoid group of fevers. For it is by no means established that, as Anders says, Peyer's patches and follicles are not affected in paratyphoid, even in cases not complicated by true typhoid infection. It is safe to adhere to liquid diet, albumen water, coffee, clear soups and broths, fresh fruit juices, and the raw blood preparations which have proved so valuable in typhoid fevers. Nor must the need of a plentiful supply of water be overlooked. The emunctories must be flushed and the vastly increased radiation of fluids be recouped.

It is to the interest of accuracy in diagnosis that these cases shall be recognized, even if the treatment is practically identical, especially since there seems to be a strong temptation to utilize paratyphoid fever as a means of explaining away such aborted typhoids as the clinician can not be otherwise tion is purely gratuitous, there being no attempt to demonstrate its verity. But even if these abortive cases were shown to be paratyphoid we would have the added difficulty of explaining why one disease produced by a member of so closely allied a group of microorganisms should be abortable and maladies caused by other members be incapable of similar modification.

The more we study nature, the less disposed we are to draw hard and fast lines, or to say that things can not be. Typical cases shade off at the margins into atypical, and we finally come to those which simply can not be certainly classified on either side. Positive assertion usually indicates moderate knowledge and limited exercise of reasoning faculties.

R. L. Randolph, Baltimore (Journal A. M. A., July 7), has collected over 500 cases of eye injury occurring from fireworks during the last few years, some variety of fire cracker being usually responsible for the injury. He gives the result of work in stirring up public sentiment showing a decided decrease of such injuries in Baltimore. He laid the statistics before the leading newspapers and before the police, and secured the publication of strenuous articles on the subject and also the issuance of stringent orders to enforce the laws. He believes that much can be done in other cities by ophthalmologists in the same way.

LIME AND MAGNESIUM

By John Aulde, M. D., Kennett Square, Pa.

Both lime and magnesium are recognized by physiologists as proximate principles, and as such their function should be understood by the physician who has to deal with disorders of function. In truth, this subject should commend itself especially to physicians who are interested in the treatment of disease by the use of active principles. The word proximate means "next," "immediate," and therefore the physician who employs active principles should get "next" to the subject of proximate principles. The definition of a proximate principle by Dalton is as follows: "Any substance, whether simple or compound, chemically speaking, which exists under its own form, in the animal solid or fluid, and which can be extracted by means which do not alter or destroy its chemical properties."

Now, while much has been written on the subject of lime (calcium), in the treatment of various diseases, but little attention has been given to the subject of magnesium, and since the presence of magnesium does actually hinder the function of cells, up to the present moment, I think nothing relating to therapeutics has been contributed to medical literature which will throw a direct light upon this interesting question, and yet it is a pathological condition which is easily recognized.

In a paper published recently (Medical Record, December 16, 1905), Dr. S. J. Meltzer, of the Rockefeller Institute, New York, presents an interesting series of experiments with magnesium sulphate, showing its function as an anesthetic—really as an analgesic. For example, it has been employed by injection into the spinal canal as a substitute for ether and chloroform narcosis in the case of abdominal operations and major operations of the lower extremities. In addition to this, it has been similarly employed against well developed tetanus. Its deteriorating effects should be recognized and suitable precautions taken for their avoidance.

As a means of bringing this subject properly to the attention of physicians, let me recall here the inorganic principles found in the blood-plasma: Chlorides, sodium, potassium, ammonium; sulphates, potassium and sodium; carbonates, potassium, sodium, lime, magnesium; phosphates, lime, magnesium, potassium and iron (probable); basic phosphates and neutral phosphates of soda; traces occasionally of silica, copper, lead and magnesium. As excrementitious inorganic substances we have urates—sodium, potassium (probable), lime, magnesium, ammonium, besides a number of other substances which are not directly connected with this study.

The important question which comes up for consideration by the physician is this: What harm can possibly arise from the administration of magnesium? In reply to this query I shall be able to show that it is quite a dangerous remedy, and that at the same time it is insidious in its action and therefore more to be feared. For example, all physicians who have been in practice for a period of twenty-five years will readily admit that while magnesium sulphate is apparently an effective remedy in many instances, when long continued, it produces a catarrhal condition of the small intestine—but I have never yet found a medical man who could explain in a satisfactory manner the cause or causes leading up to this effect.

Evidently, here is something unusual, magnesium sulphate being regarded as entirely harmless and possessing no analgesic effect upon the nerve structures. It should be stated here, how-

ever, that magnesium sulphate is highly recommended by Dr. W. H. Burgess, of Avondale, Tenn., to be used locally for its analgesic action and he has built up from this theory a comprehensive and ornate clinical superstructure, recommending that Epsom salt in solution be used locally and internally in a large number of diseased conditions. Dr. Meltzer also finds that when a nerve is exposed and subsequently treated with a saturated solution of magnesium sulphate, it arrests the transmission of an electrical current.

Surely these observations are sufficient to warrant clinical investigation, and fortunately, the complete evidence is at hand which fully accounts for these manifestations. I think the medical profession will be ready and anxious to sift this evidence and in the future guard against the deleterious effects of this well known remedy.

The effects are substantially as follows: Neither animal nor plant life can be developed successfully when magnesium is present in excess. This is very fully illustrated on the western frontier, where irrigation has transformed barren plains into fertile pampas, producing the most luxuriant vegetation—because the water has leached out the soluble magnesium. Similar results can be secured in the case of human beings who have long been exposed to the magnesium regimen—by an irrigating process and the addition of suitable lime salts to favor the disassociation of magnesium in the nuclear proteid. No better confirmation of this statement can be offered than the following comments by Prof. Oscar F. Loew, formerly of the University of Munich: "The calcium nucleo-proteids of the organized structures are transformed by the presence of soluble magnesium salts into magnesium compounds, while the calcium of the former enters into combination with the acid of the magnesium salt. By the transformation of the organized nucleo-proteids into magnesium nucleo-proteids the capacity for imbibition will change, which must lead to a disturbance in the structure that will prove fatal. Only the simultaneous presence of dissolved lime salts can prevent this effect, according to the law of mass."

Some years ago, Prof. Jacques Loeb, now of the University of California, at Berkley, Cal., made some interesting experiments on a frog. First, dilute sulphuric acid was injected under the skin with the result that twitching of the extremities began, a condition which frequently attends children and even adults suffering from intestinal indigestion and acid excess. Later, he introduced a soluble salt of lime, when the twitching promptly ceased, showing that the acid was responsible for the appearance of the nervous symptoms.

According to Kearney and Cameron, the employment of magnesium sulphate is injurious to vegetable protoplasm, because of the effect of the acid radicle upon the content of the nuclear proteid—the normal activities are suspended, eventually leading to destruction of the cells.

It will be seen from the above extracts that magnesium sulphate is a dangerous remedy, because of its influence upon the functional activity of the cells, but aside from the evidence which I have advanced in different publications, I think there is no clinical record in medical literature.

In commenting upon the physiological properties of calcium dihydrate (Manual of Physiological Medication, 1902), I have put forward the following explanation: "In nearly all chronic disorders, such as diarrhea, in neurasthenia with uric acid excess, in the strumous conditions which affect children, the acidity of the intestinal secretions is usually well marked. Perhaps the best illustration is found in the case of children with cholera morbus or

cholera infantum. The attack is usually prolonged, or relapses occur and "sap the patient's vitality," when the simple truth is, that the abnormally acid condition of the intestine has had an unfavorable action upon the calcium content of the nuclear proteid, reducing the vitality of the cellular structures. Even so simple a remedy as magnesium sulphate, if taken in too large doses, or too long continued in moderate doses, will derange cell function, through the influence of the acid radicle of the mangesia upon the calcium. By introducing the proper calcium salt in a form suitable for absorption by the body fluids, the mortality statistics will show a marvelous change in the disorders mentioned.

GET THERE

By J. R. Landers, M. D., Bernadotte, Illinois.

Regardless of means and methods used we are always glad to give credit, even grateful to the successful physician—successful in saving life—grateful indeed if we can learn one point of interest or benefit to ourselves.

There is so much to know—so little known and our individual capabilities and acquirements so comparatively small and tend to circumscribe and limit our possibilities, which is conducive to one idea, one topic, and causes us to specialize; so much so that we very frequently hear one spoken of as a "crank"—a crank on this or that—a man of one idea, one riding a hobby or hobby riding him, etc. This may not always be uncomplimentary and may even be said in praise and not discourteously. The impossibility of individual dexterity in many things, or becoming expert or even proficient in all things, or competently informed on all topics may be reason for specializing in personal effort according to individual proclivities, that our knowledge in the aggregate may be competently or desirably comprehensive.

So it is in therapeutics. We could not personally work out every remedy or method from conjecture to utility, but taking another's experience to guide us we may test a remedy and possibly be able to approve. It is well to investigate all sources of knowledge and all claims possible. And if we would take the best from all sources and weigh, sift, test, measure and judge with mind unbiased, certainly we could determine and establish the best that is possible today in our present knowledge and not because putative, nor because of custom nor insuetude, neither theory nor authority, prejudice nor perversity should hinder.

All efforts for the relief of the sick and prompt cure of disease are commendable and that one's means should seem too limited does not lessen the value of that means though it may lessen the competency of the physician who confines himself to that means alone, however valuable such may be. Then the individual aptitude, inclination, the personal equation, etc., must be considered. One physician can and does apply means so correctly and perfectly, and with such thoroughness and detail that results are quite satisfactory and desirable, though surprising to one less proficient who may question or dispute its truth. Whoever has read after Dr. W. C. Cooper may have felt the Dr. Cooper personality that may be easily differentiated from other personalities. One feels that Dr. Cooper is a physician by nature, inclination, choice and education, capable of individualizing each case and of understanding the status of each patient, recognizing the degree of vital force, the resources to be husbanded and assisted and discerning the vital resistance deficient that must needs be restored. Probably few men possess these attrributes and the

discernment to confident cognition of a sick body. And how many could apply the remedies Dr. Cooper does and make a decent showing? Remember of course that they will not have Dr. Cooper's head to do the rest. But we would not say Dr. Cooper cannot and does not do what he claims and that he was mistaken in diagnosis, etc.

Dr. Charles E. Page, of Boston, gives us some of his experience of the practical value of hydrotherapy in pneumonia and typhoid fever, of the first in the Medical Record, the latter in the Medical News (N. Y.) however both have been reprinted and put in pamphlet form. Along with hydrotherapy the writer insists on withholding all food which he terms "therapeutic fast" under which he claims pneumonia and typhoid fever are readily aborted and sometimes in a few hours. Shall we say "mistake—wrong diagnosis" and that these diseases are "self-limited," etc.? We will not, we have confidence in the practician who says he can do something and proceeds to aggressively institute his measures thereby exhibiting confidence in his ability to do what he says he can do.

We have no reason to doubt his sincerity or ability. It is more probable that he understands hydrotherapy and can apply it scientifically and in detail satisfactorily and to the end he claims.

As to the "therapeutic fast" to my mind there is no question, but to practice it I have found an impossibility. It has been in my experience impossible to keep people from feeding a patient 24 hours after spending an hour pleading, praying and begging and pointing out the danger to the patient of violating the injunction not to feed. And they have fed clandestinely until the patient would almost die and I would say: "This patient has been fed and the digestive apparatus cannot handle food and unless my instructions are followed death will result." Or they have fed clandestinely and the patient would possibly pull through and they would brag about it and declare death would have been the result had they not fed contrary to the physician's orders. Consequently, if for no other reason I would clean out the gastrointestinal tract and use an intestinal antiseptic, preferably the sulphocarbolates, though Dr. P. says, "There is never any occasion for purging in these cases" and writes confidently of the utility of the "therapeutic fast" and hydrotherapy. It is more than probable that he is well established in the confidence of his patrons and has trained nurse assistance at his pleasure doubtless, something the general practician and the country feel the need of. Yet when the tractus intestinalis is cleaned out with an appropriate cathartic and temperature falls and general amelioration results, to my mind it indicates that there was "occasion for purging" and certainly I feel justified when it was impossible to have the "therapeutic fast" observed. And for the further reason as developed from what Dr. P. says of the consequences of food. He says: "The disastrous effects of forced feeding have been vividly portrayed by the late Dr. Wm. Jenner who said, "I have seen the patient restless, sleepless, his temperature raised several degrees above what it had previously been, vomit, eject a quantity of curd and at once restlessness cease, the temperature fall, the skin become moist and the patient drop into a quiet sleep. All the threatening symptoms vanish with the ejection of the offending material. Or the undigested curds may accumulate in the bowel inducing flatulence, distention, pain, restlessness and increased febrile disturbances. Under these circumstances I have seen an enema bring away a large vesselful of offensive, sour, undigested curds, etc." If food ingested causes perpetuation of

symptoms it is not impossible or unreasonable to believe it capable of initiating or at least favoring initiation of symptoms. And if "all the threatening symptoms vanish with the ejection of the offending matter" would it not seem rational and right to clean out the bowel at first in the incipient stage and as quickly as possible get rid of the "offending matter," and try to make the alimentary tract as nearly normally aseptic as possible with intestinal antiseptics, such as the sulphocarbolates of lime soda and zinc?

Dr. Page says, "That no greater folly can be conceived than feeding any patient critically sick with an acute disease—since all the energies of the vital organism are fully engaged in its efforts to throw off disease and in its efforts to recover "that just balance which we call health." While we would not question this statement it seems it would not be folly to assist in recovering "that just balance which, etc.," by medicinal means and equalize the circulation, poise the nerve centers and help bring the whole system to "that just balance" as nearly as possible by the use of vasomotor helps, as aconitine and veratrine on the one hand and digitalin, strychnine, etc., on the other.

Use intestinal antiseptics and system depoisoners to help in bringing about "that just balance" in their field and nuclein to increase leucocytes and help toward it in its field, not by giving powerful remedies in lethal dosage, not to full physiologic effect, but by giving active stable preparations in definite dosage, small dosage, remedial dosage till effect needed and desired obtains and atomic force and function have been brought out collectively, giving practical somatic harmony and competency. We would give no remedy unless indicated according to our judgment then we would give the smallest dose of the best remedy to produce the desired result in the shortest time. We have no fight with the man who is successful, be his method what it may; but the one who says; he can't and no one can. To our mind the active intestinal antiseptic and vasomotor treatment need no theory, or hypothesis, but rest on a firm foundation of practical experience, and through them the victory has always been won and with them others can win. Personally we feel satisfied, the practice is satisfactory; consequently we recommend it to those not satisfied with their results. But the point is to get there. If you get there just as quickly and safely going by horse-back as going by carriage, and you prefer it, all right, just so you get there.

SOME SUGGESTIONS FOR THE TREATMENT OF SUMMER DIARRHOEAS IN CHILDREN

By J. M. French, M. D., Milford, Massachusetts.

(1) Rest, fresh air, cleanliness, and a comfortable temperature, are the first essentials, and the observance of these alone will be sufficient to bring about recovery in a large proportion of cases.

(2) Diet. No food of any kind for one whole day at least, is a safe rule in most cases. Stop all milk foods in all serious cases. Feed on egg-albumen and water, fruit juices and water, rice water, or meat juices and water. Toast is the only form in which bread is admissible.

(3) Eliminatives. "Clean out, clean up, and keep clean." This is the next step towards cure. Four remedies have done me good service here. Calomel in 1-10 grain doses every half hour for ten doses or until effect. Castor oil in doses of one teaspoonful to one dessertspoonful to clear the bowel of any irritating substance, has also a very soothing effect upon the intestinal mucous

membrane. Saline lemonade, a teaspoonful of any of the effervescent preparations of epsom salts in half a glass of water, sweetened to taste, a teaspoonful of the mixture every ten or fifteen minutes until effect. Rhubarb and soda mixture, or neutral cordial, teaspoonful every hour or two until the character of the discharges is improved. This last is especially valuable when the tongue is pallid and heavily coated.

(4) Antiseptics. Copper arsenite in minute doses to prevent fermentation and neutralizae the products of decomposition. Zinc sulphocarbolate in 1-6 to 1 grain doses evry hour or two is a reliable and non-toxic intestinal antiseptic. Bismuth subnitrate in small or large doses, as may seem advisable, is antiseptic, sedative, and astringent. Dr. W. W. Browne advises lactic acid in one drop doses well diluted, instead of the last two drugs.

(5) Febrifuges. When there is fever, as in most acute cases, it should be treated as in any other cases. Aconitine is the most commonly indicated remedy in children, and is given when the pulse is small and frequent.

(6) Anodynes and antispasmodics. Codeine and hyoscyamine are preferable to morphine in most instances. Waugh's Anodyne for infants serves a good purpose in these cases. Do not use the coal-tar products.

(7) The digestants, as the pepsine preparations, papoid, caroid, etc., have their uses in some cases.

(8) The astringents, once the chief remedies used, are now seldom spoken of. If needed, any of the vegetable astringents may be used. Cotoin has been recommended to check profuse diarrhoea in children.

(9) Tonics and reconstructives. Here we have two matchless remedies, in strychnine arsenate and berberine hydrochloride, both in small doses. The latter is a good remedy in all catarrhal conditions of mucous membranes, and the only one I know of which will exercise an appreciable anti-catarrhal effect when taken internally. Nuclein is also advocated by good judges.

(10) Rectal treatment. Two measures of local treatment are of special value. First, irrigation of the colon with warm saline solutions, 70 to 110 degrees Fahrenheit. Secondly, hot rectal douches of sterile water, as warm as can well be borne. In small children, a soft rubber catheter may be utilized as a rectal tube.

All these must be mixed, as Opie mixed his colors, "with brains."

PNEUMONIA

By R. J. Smith, M. D., Smithfield, Utah.

M. W., male, age 16, fell from swing and fractured the right humerus near center of shaft, May 14. Patient developed a bad habit of sitting in doorways, on damp ground, in drafts, and on May 26 was taken ill with severe headache, pain in right lung near border of ribs, cough, small hacking, pulse fast, and temperature high; bowels hadn't moved for three days.

Writer was called on the 27th, and from the symptoms diagnosed incipient pneumonia with coexistent autotoxemia. Sputum had not been raised in any amount but during the night of the 27th came up freely, tenacious, pink, sometimes pure blood. Several slides were examined on the 28th, and the pneumococcus demonstrated easily in all of them, together with staphylococci and streptococci. Blood smears were also examined determining presence of leucocytosis and especially neutrophilia present in about 80 per cent; normal 60 to 70 per cent. Pneumococcus was present in two slides examined.

When the patient was first seen, the temperature was found to be 104.5°, pulse 120, rapid respiration, lower labe

of right lung showing dullness on percussion with crepitant roles and diminished breath sounds on auscultation; patient dull, tongue badly coated, breath foul. Cough hacking and increasing the pain in right side.

Elimination was rushed. A rectal enema of hot saline solution was first given, freely acting purgatives administered, then small divided doses of calomel, ipecac and soda every half hour for eight doses followed by saline laxative every two hours until bowels moved freely. Three intestinal antiseptic tablets were given in solution every two hours.

This is the indicated preparatory treatment and must be the routine practice in every case of acute disease. Otherwise medicinal remedies fail to act altogether or act slowly and with no decided results.

The defervescent compound No. 1 was then given, 1 granule every 15 minutes until fever fell to 102°, or pulse to 100 or below, then every hour or two to keep temperature and pulse low. Hot antiphlogistine was applied to right chest wall before the writer was called, and as it was agreeable to the patient was retained, although cold intermittently applied acts better in the sthenic cases.

The temperature remained high for 24 hours, although the pulse rapidly fell to 90 and remained there until the temperature also fell to below 100, when pulse reached 72.

The sputum at first pink, became rusty on the third day, when the temperature began to fall, then became pink and gradually clear on the fourth and fifth days.

After demonstrating the presence of the diplococcus, guaiacol carbonate was given freely with benefit. A great deal of credit is given to the free administration of the sulphocarbolates (intestinal antiseptics W. A.), as fetor of stools was early removed and tongue became moist, breath sweet, and appetite good.

The writer was called on the 27th, and the patient was convalescing on the 29th, the fourth day of the disease. The temperature became normal on the evening of the 29th and the patient improved rapidly from that day.

This case is cited as a direct and conclusive example of the abortability of pneumonia. There can be no question of the diagnosis as the physical signs and symptoms were corroborated by the microscopical examinations of sputum and blood.

A CABINET FOR DISPLAYING MACROSCOPIC EYE SPECIMENS

By J. W. Bird, M. D., Stevens Point, Wisconsin.

The accompanying photograph will give you a fair idea of an eye case that was made six years ago. It has been in the office all this time, and has attracted considerable attention from people that were interested in eye work. Each specimen is labeled and this serves to make it more interesting as an office ornament. The case is made to hold fifty macroscopic eye jars, and it contains forty-eight mounted specimens of human and animal eyes at the present time. We have been asked repeatedly why we didn't have it photographed and written up for a medical journal, as it would be of interest to the general practitioner as well as an eye specialist. The eyes are mounted in glass jars made for that purpose and can be bought from the supply houses. The case is original and made by the writer out of red oak, and a glass door closes over the jars to hold them in position. The contents of the case are as follows: Human eyes, 10; deer's, 4; cat's, 3; bull's, 4; fish's, 2; gray squirrel's, 1; fox squirrel's, 1; partridge's, 1; chick-

en's, 6; log cock's, 2; woodpecker's, 2; American bittern's, 2; sheep's, 2; chipmunk's, 2; pig's 4; blue heron's, 1. This is a sufficient variety for the study of comparative anatomy of the human and animal eye and many important differences were observed while enucleating and preparing the specimens. They illustrate very clearly the anatomy and physiology of the eye, and several of these specimens have been used in the high school for demonstrations before the physiology class. Among the human eyes are several diseased specimens and others that had to be removed because of traumatism. Some of the eyes are cut antero-posterior and others are lateral sections, thus giving a perfect external and internal view of the eyeball. The collecting and mounting of the eyes, and the making of the case were very interesting as well as instructive and if this article encourages others to use their spare time for a similar purpose it has accomplished its object, and the writer will be glad to give any details that are requested.

TREATMENT OF SUMMER COMPLAINT OF CHILDREN

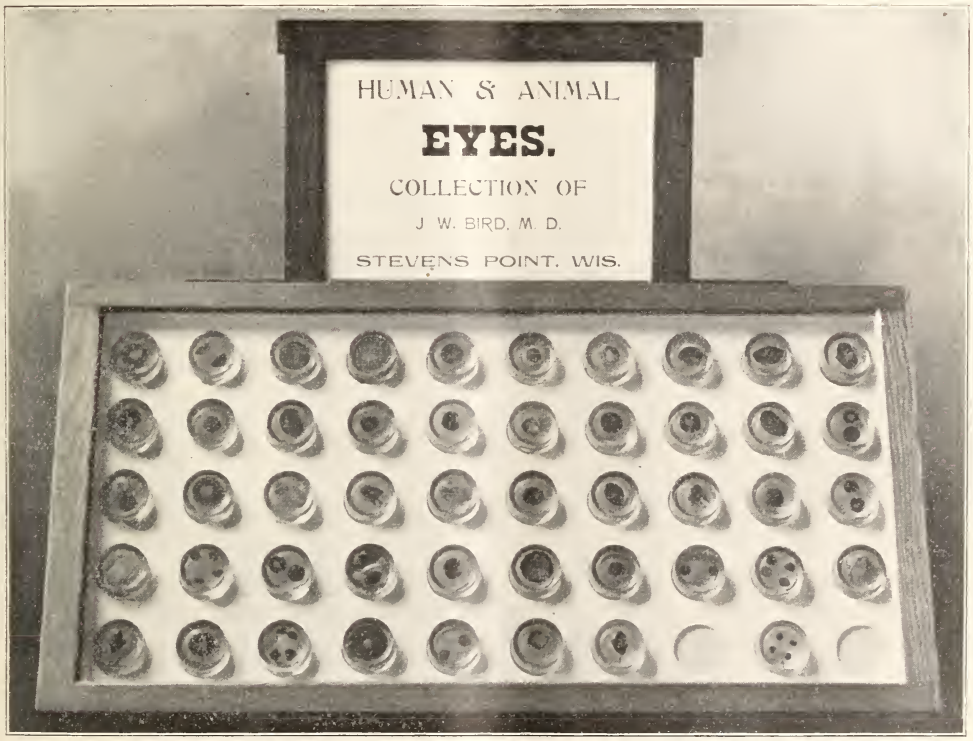
By John Albert Burnett, Cecil, Ark.

In the treatment of summer complaint I find that calomel is a very important remedy or in the place of calomel I use mercury with chalk. These remedies should be used in small doses and it is usually best to combine them with other remedies. Pulverized hydrastis, bismuth subnitrate and mercury with chalk make a real good compound in the treatment of summer complaint. The hydrastis sustains the strength of the patient, soothes all the mucous membranes through the alimentary canal. It also very mildly affects the liver and is somewhat antiperiodic. The bismuth subnitrate acts as a mild astringent and helps to control the irritation of the stomach which is a very important thing in many cases. Mercury with chalk or blue powder or gray powder as it is occasionally called is well accepted by the stomach and acts on the liver. It will claim a coated tongue and control most all cases of diarrhoea dependant on a torpid liver and I find that all cases are more or less affected by torpid liver.

Another good compound in summer complaint is calomel, pulverized hydrastis, cerium oxalate and sodium sulphocarbolate. The calomel should be used in very small doses which will have about the same action as mercury with chalk. Cerium oxalate will have about the same action as bismuth subnitrate. It really has a wider range of action than bismuth subnitrate and the dose is much smaller and it is much cheaper. The sodium sulphocarbolate will neutralize the acid conditions and act as an intestinal antiseptic. It is a very important remedy in many bowel complaints.

Another good compound which I have seen recommended and used is pulverized Culver's root (leptandra virginica), pulverized bayberry root bark (myrica cerifera), and sodium bicarbonate. The compound renders the alimentary canal alkaline from the liver down and the physician that first recommended this compound claimed that there was an acid condition formed and thrown off by the liver that caused flux, diarrhoea, etc., and to neutralize the condition would cure it.

Leptandra will affect the liver similar to calomel or mercury with chalk but is not so well tolerated by the stomach if the stomach is in a irritated condition. Myrica cerifera is an old favorite with me. It will sustain the system like hydrastis, also affect the liver and is a valuable astringent. It is not as well tolerated by the stomach when the stomach is irritated as hy-


HUMAN & ANIMAL
EYES.
COLLECTION OF
J. W. BIRD, M. D.
STEVENS POINT, WIS.

drastis. The sodium bicarbonate is what neutralizes the acid condition or at least greatly assists the other remedies. If desired, and I believe it best, sodium sulphocarbolate could be used in place of the sodium bicarbonate.

A real good treatment for summer complaint is a powder of mercury with chalk, bismuth subnitrate and sodium sulphocarbolate, alternated with myrica cerifera and hydrastis; and if stimulation is needed much add ginger to the last two drugs. They can all three be used by infusion.

Some physicians do not think that there is anything in enemeta as they don't reach high enough, but according to my experience I believe that enemas are of much value in most cases. I have used rectal injections of zinc sulphocarbolate in several cases and got good results from it as it is an astringent and antiseptic and as a solution of it makes a good eye water or an injection for gonorrhoea it is reasonable to suppose that it would be good injected in the bowels.

An infusion of plantago major injected in the bowels is another good injection. Also quercus alba is a good injection as well as a good internal remedy. A strong decoction of quercus can be given with brandy and if desired a small amount of pepsin added and good results obtained from it. Hydrastis is also a good remedy to add with it. It is a well known fact that hydrastis and pepsin given together will relieve most stomach troubles temporarily and this is a fine compound to use in irritable condition of the stomach during summer complaint. The brandy will sustain the patient but too much brandy should not be used.

In cases where there is much blood a weak solution of iron subsulphate should be used. When there is ulceration and in chronic cases silver nitrate should be used. These remedies should be used by injection in the rectum.

Neutralizing cordial is an old remedy that should not be lost sight of in this condition.

The legs and belly should have proper protection with clothes and the food should be well regulated.

In some cases at the first, an emetic of lobelin is very important. When there is fever diaphoretics such as asclepias, zingiber, crowley, etc., should be used in place of coal tar preparations.

℞ ℞ ℞

At the meeting of the Oregon State Medical Association Dr. Pierce presented a paper on "Sanatorium Cure of Tuberculosis," which is reported in the Medical Sentinel. We quote from it: "The wonderful efficacy of the open air treatment is explained by the theory of Major Woodruff, that the bacilli are easily killed by the short direct rays of sunlight. The tonic effects of light were described. In the Pacific Northwest the wonderful effects of the modified sunlight and pleasant climate were to be regarded as of primal importance in the low death rate. A large amount of sunshine is not necessary, and this region shows the lowest death rate from tuberculosis, as well as other diseases, of any region in the United States. The majority of sanatorium reports show 90 to 95 per cent of apparent recoveries in the first stage and 30 to 40 per cent in the second."

℞ ℞ ℞

The following is of value in dysmenorrhoea. It is recommended by Dr. Edith J. Thomas and she says when it is given in hot water it will give quick results.

℞

Fld. ext. dioscorea vil. . . ʒij.
Fld. ext. zingiber off. . . . ʒiv.

M. Sig. Dose as needed.

If desired these remedies can be used by infusion.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

GENTIANA LUTEA

Gentiana lutea is an old remedy and one that is of value in various disease conditions either alone or in combination with various other remedies. Dr. R. J. C. Hamilton has the following to say about it: "A bitter tonic with a full share of relaxing properties is indicated in all atonic conditions of the digestive organs and is especially valuable to promote the appetite."

Any remedy that is indicated in all atonic conditions of the digestive organs is a valuable remedy. Parke Davis & Co.'s Manual of Therapeutics says: "Gentiana Lutea, Linne. — Gentian possesses in a high degrees the characteristics of a simple bitter, it excites appetite, invigorates digestion, moderately increases the force of the circulation and operates as a general stimulant tonic. In very large doses it is apt to disturb the stomach and bowels. Valuable in all atonic conditions unattended with active fever." This work gives the dose of the fluid extract at 10 to 40 minims while Dr. Hamilton, the first authority quoted, gives the dose of the fluid extract from 2 to 10 minims. If gentiana lutea is valuable in all atonic conditions unattended with active fever it has a wide range of usefulness and deserves close study from the profession.

Dr. T. A. Bland says: "Gentian root comes from southern and central Europe and is a popular bitter. It strengthens the stomach when it is weak and improves the appetite, it is therefore good for chronic dyspepsia. We use it in all cases of debility of the stomach, bowels and liver." Dr. Bland does not mention the dose but gives a prescription for stomach bitters as follows:

℞
Liriodendron tulipifera.
Hydrastis canadensis.
Xanthoxylum fraxineum bark., aa. . . . . ℥j.
Gentiana lutea.
Cloves, aa. . . . . ʒiv.
Wine. . . . . Oij.

M. Sig. Dose. A tablespoonful after each meal.

He also gives a prescription for tonic bitters as follows:

℞
Salix (swamp willow).
Gentiana lutea.
Peruvian bark.
Boneset.
Populus tremaloids, aa. . . . . ℥j.
Wine or whiskey. . . . . Oij.

Dose. One tablespoonful.

John Eberle, in 1824, says: "Of all the tonic bitters the gentian is the most frequently employed as a remedy. It contains no astringency but is considered more stimulant than the columbo. The gentian has been successfully employed in combination with astringents in the cure of intermittents. Cullen says he never knew it to pain in curing intermittent fever when given with galls or tormental. When given alone however its powers are much less certain and useful. Lind also commends it as an efficacious remedy in this disease. At present however it is very seldom used for this purpose nor does it appear to be entitled to much credit for its virtues in this complaint." Dr. Eberle further says, "In a large dose it is apt to purge." He gives the dose

of the powdered root from ten grains to one drachm.

Dr. James Thacher, in 1810, speaks of gentian being more bitter than any vegetable that grows in Europe, of it being devoid of astringency, as a powerful tonic large doses evacuating the intestines, its value in general debility, gout and combined with astringents in the cure of intermittents. He says: "Alcohol dissolves only the bitter extractive, water both the extractive and mucilage and he gives the dose from 10 to 40 grains.

John Murray, 1824, says: "Gentian is a common remedy in dyspepsia in the form of infusion or tincture; as a bitter it is more frequently used perhaps than any other and usually forms the basis of stomach remedies. In substance it has been given for the cure of intermittents in a dose of half a drachm."

Greer says: "In medicine the foreign gentian root is used as a bitter tonic and as such it is unexcelled, although for mild cases it should always be combined with less intense agents. Its chief action is upon the liver and stomach and for sluggishness of the liver with dyspepsia, it is most excellent. For ague it may prove effective when other agents fail taken for several hours before the chill in hourly doses of half a teaspoonful of the fluid extract with a little red pepper added."

Hare says: "Gentian is one of the most efficacious bitter tonics that we possess. In the anorexia following acute diseases and in gout and malarial poisoning with dyspepsia it is of service. Combined with bicarbonate of sodium it is of great service in the treatment of the subacute gastric and intestinal catarrh of children." He gives the following prescription for use during convalescence from prolonged fevers:

℞

Acid nitro-hydrochloric dil. .....ʒi vel. ʒij.
Tr. nucis vom.....ʒj.
Tr. cardamomi comp.....ʒij.
Tinct. gentian comp., q. s. add.....ʒiv.

Sig. Teaspoonful in water after meals.

It is my opinion that a compound of gentian, myrica and zingiber would prove to be of great value in malaria.

J. A. Burnett, M. D.

Cecil, Arkansas.

SHAKING DOWN

For some years I have had a lame shoulder, sometimes better, sometimes worse. For years I wondered what caused it. Why, it would sometimes be almost well and then worse. At last I solved the problem. My trouble was all caused by shaking down my clinical thermometer. When this was an easy task the shoulder would get well but when the mercury refused to down with a simple flip trouble in that shoulder joint began. Now I presume I could invent a method of overcoming this were it not for a resolution formed many years ago that I regard as sacred. Observing how invention generally invited poverty to the inventor I early resolved that I would never invent. The poverty that falls naturally to an honest life is bad enough so I have always fought against the temptation to invent. When I am tempted to invent something I think of the poor Frenchman who invented the dots and dashes of our telegraph system, and how he died, not even leaving a name behind to say nothing of material heirlooms.

So no invention in mine if you please. I would rather endure the lame shoulder but if some one wishes to be philanthropic here is a chance.

C. E. Boynton, M. D.

RUNDSCHAU

By H. SPEIER, M. D., Rochester, Minn.

INTERNAL TREATMENT OF GONORRHEA.

At a meeting of the Berlin Medical Society Dr. Posner stated that, however interesting from a merely scientific standpoint our present knowledge of the gonococcus, it had not given us much that was practical as far as treatment is concerned. Local antibacterial treatment has not yet been followed by great results and today gonorrhea is still being treated by the old remedies, and especially with the various forms of injections. These injections are not valuable, because they destroy the gonococci, but because they cure the inflammation of the mucous membrane. But in many cases they are not borne well and may even act injuriously. Not infrequently a gonorrhea is kept up artificially by the injections. Internal medicines act beneficially by passing off in the urine and cleaning out the urethra. Best of all, in Dr. Posner's opinion, is the sandalwood oil, giving better results than any of the oleo-resins. It is highly to be recommended in such complications of gonorrhea which forbid the use of injections, as epididymitis, cystitis, prostatitis, the turbid or blood, urine often clearing up after a few doses of the oil. But it is essential that an absolutely pure article be used.

These opinions were endorsed by such authorities on genito-urinary diseases as Lubinsky and Casper, who also spoke of their successful use of sandalwood oil.

CUMULATIVE ACTION OF ALCOHOL.

In Medicine for November, 1905, T. D. Crothers tell us of recent observations and conclusions, confirmed by daily experience, that alcohol, taken either as a drug or as a beverage, has a cumulative action. The good results obtained from its use are only apparent and misleading and the invalid who has taken spirits in moderation for a long time, is suddenly seized with acute inflammation of the lungs and kidneys attributed to some trivial cause, when in reality a sclerotic condition of the arteries is present combined with a feeble heart's action which culminates in a fatal issue. This is certainly a very practical matter, inasmuch as alcohol is so frequently and indiscriminately prescribed by physicians on the supposition that it is a powerful aid in sustaining life. Crothers asserts that some years ago it was quite common to note actual delirium tremens in the last stages of typhoid fever, where alcohol had been given very freely, and he has seen two cases of pneumonia dying from alcoholic coma, in which alcohol had been given very freely for several days before death. Unquestionably alcohol is an exceedingly dangerous remedy and should be used only with the utmost caution. In the light of these later studies of alcohol and its effects we may have to recast our opinions regarding it, both as a medicine and a beverage.

THE EVOLUTION OF THE NURSE.

Quoting the following passage from the Trained Nurse for January: "Is nursing a subordinate profession to medicine, or is it a separate, distinct, and independent profession which, when it gets old enough, is going to sever every connection with medicine, and set up as an entirely separate science or art?" The Maritime Medical News asks: "Is the tail going to wag the dog?" We can assure our Canadian contemporary, that with us, in the

states, development seems indeed to tend in that direction. The professional trained nurse, whose advent some twenty years ago was welcomed by the medical profession, because she promised to become a true helpmate, and in whose education physicians everywhere have taken a keen and active interest, has latterly proven something of a disappointment, excepting of course those members of the sisterhood who found the fulfillment of their mission in becoming doctors' wives. The promise has been kept imperfectly. The trouble is that nurses nowadays are overtrained. Certainly not in the practical part of their work, for there they cannot be too well instructed, but in the theory. The curriculum of most of the training schools, of which in 1904 there were 867 in the United States with 21,844 pupils, has been so extended as to give much theoretical instruction which is not only unnecessary and useless in practice, but doubtlessly harmful. A little knowledge is a dangerous thing. The dignity and air of superiority frequently assumed by these young women is often amusing and at times annoying and probably every doctor has experienced the vexation of interference by nurses, whose heads have been turned by a smattering of such knowledge as belongs to the physician alone. The modern nurse is too apt to forget over the "scientific" interest of the "case" the purely human needs and demands of the patient for womanly sympathy and tenderness. It is the cultivation of the latter qualities which makes the Catholic sisters such deservedly popular nurses. No one, least of all a physician, will dispute the value of the services of a well trained, enthusiastic and discrete nurse, who knows and observes her limitations. Nevertheless there is a growing demand for less scientific, less mechanical, less expensive nurses.

A BIT OF SURGERY IN FICTION.

In the last number of Munsey is the story of the nerve exhibited by a young surgeon, called in haste to operate on a remarkable case, an "aneurism of the left jugular." The hero, only four years out of college, is said to have become "already something of an authority on aneurisms." The operation, "one of the most curious, difficult and dangerous known to surgery" (a phrase somewhat familiar), consists in exposing and wrapping the vessel with silver wire and the wire is handed to the operator with silver forceps.

WHAT IS THE A. M. A.?

"The house of delegates of the American Medical Association which technically is the American Medical Association," said Dr. W. J. Mayo in his address on taking the presidential chair at the recent meeting of the A. M. A. in Boston. He is certainly in a position to know and judge. It is a concession of the charge made by the opponents of the new organization, namely that it means a concentration of all authority and power in the hands of a few and that the American Medical Association and the system of organization of the medical profession which it has been building up, is oligarchical and altogether undemocratic.

A SOAP FOR WORKERS IN LEAD.

Painters and other workers with lead are liable to poisoning from absorption of lead by the skin, ordinary soap being not only almost ineffective in removing the lead, but even increasing the absorption. Now a soap has been invented which acts chemically upon the lead, converting it into a harmless sate. The Scientific American says: The particles of lead are changed into non-poisonous sulphide of lead by the simple process of washing with this soap. The chemical principle underlying the use of this soap is simple enough. It con-

(Continued on page 235)

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY
J. P. THORNE, M. D.
JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:
$1.00 Per Year in Advance; Single Copies, 10 Cts
In the United States, Canada and Mexico.
Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 9 JULY, 1906 No. 7

EDITORIAL NOTES

The public press reported on July 5th, 40 deaths and 3,000 accidents as a result of the Fourth of July. And only a part of the accidents were reported to the newspapers.

In a recent bulletin the Chicago health department states: "Every death from diphtheria should be made the subject of judicial inquiry, as other avoidable deaths resulting from negligence, culpable ignorance or criminal malpractice now are." This shows how thoroughly the value of antitoxin in diphtheria has been established.

Physicians continually labor for the public good regardless of how much it may curtail their own revenues. This is evidenced by the present agitation by physicians of the question of the prohibition of the use of all fireworks on the Fourth of July. A number of cities this year strictly enforced such a provision and as a result they had few of the usual Fourth of July injuries.

The sixtieth annual meeting of the State Medical Society of Wisconsin was held in Milwaukee, June 27-29, with a large attendance. The following officers were elected: Pres., Dr. L. H. Pelton, Waupaca; first vice-president, Dr. A. J. Burgess, Milwaukee; second vice-president, Dr. W. E. Ground, Superior; third vice-president, Dr. W .J. Pinkerton, Prairie du Chien; secretary, Dr. Charles S. Sheldon, Madison; treasurer, Dr. S. S. Hall, Ripon. Next year the meeting will be held at Superior.

RUNDSCHAU

(Continued from page 234)

sists simply in producing sulphuretted hydrogen, which transforms the lead into harmless sulphide of lead, and renders it possible to cleanse the skin thoroughly. In washing the lead-stained hands with the soap, the skin becomes brown, evidence of the presence of lead. The brown color is readily removed by a thorough cleaning with the brush, and the skin loses the odor of sulphuretted hydrogen. The soap itself is agreeable to the smell. To the chemist it is obvious that a soap of this kind ought to be effective, not only for the purpose of preventing poisoning from lead, but from copper, mercury and arsenic as well; for these, too, can be converted into innocuous sulphides.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

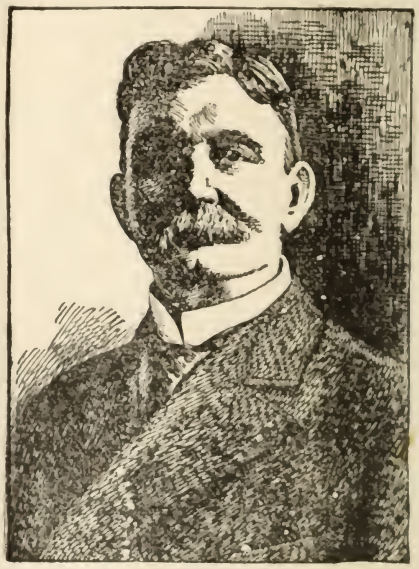
THE PHANTOM OF THE POLES. By William Reed. Pages, 238. Illustrated. Cloth. Price, $1.50. Walter S. Rockey Co., 259 Fifth Ave,, New York.

In this book, William Reed presents many arguments in support of the theory that the earth is hollow, with openings at the poles, in a sensible, reasonable, and inviting way. There are many phenomena of the polar regions that are unexplained and Mr. Reed uses these in proof of his theory that the poles are phantoms.

The arguments presented by Mr. Reed are many and forceful and our space permits us to refer to but a few of them.

The dust in the polar regions has often been a source of great irritation to each explorer. It falls on the ships in great quantities, they say, and colors the snow,—in many places, black. Nansen wanted to go home on account of it. The majority of explorers believe that it is, without doubt, dust from a stray comet; when analysed it contains carbon and iron, supposed to come from some exploding volcano. "Comets only appear," says the author, "once in several years. The dust falls densely and continuously. Could the comets distribute enough dust to last, say, ten or twenty years? The explanation is nonsensical, the theory ridiculous. The dust comes from the earth, not far from where it is found. When it is understood that the earth is hollow, and the dust comes from the eruption of a volcano in the interior, the puzzle is clearly explained."

Explorers have frequently been turned back by open water near the poles, and instances cited where they came near being carried out to sea, and lost. The author wishes to present to the reader that the Arctic Ocean is an open body of water, abounding with game of many kinds, and the farther one advances, the warmer it will be found. It is seldom free from cumulus and dark clouds, coming up from the interior of the earth, and from fogs, vapors, and other evidences of change.

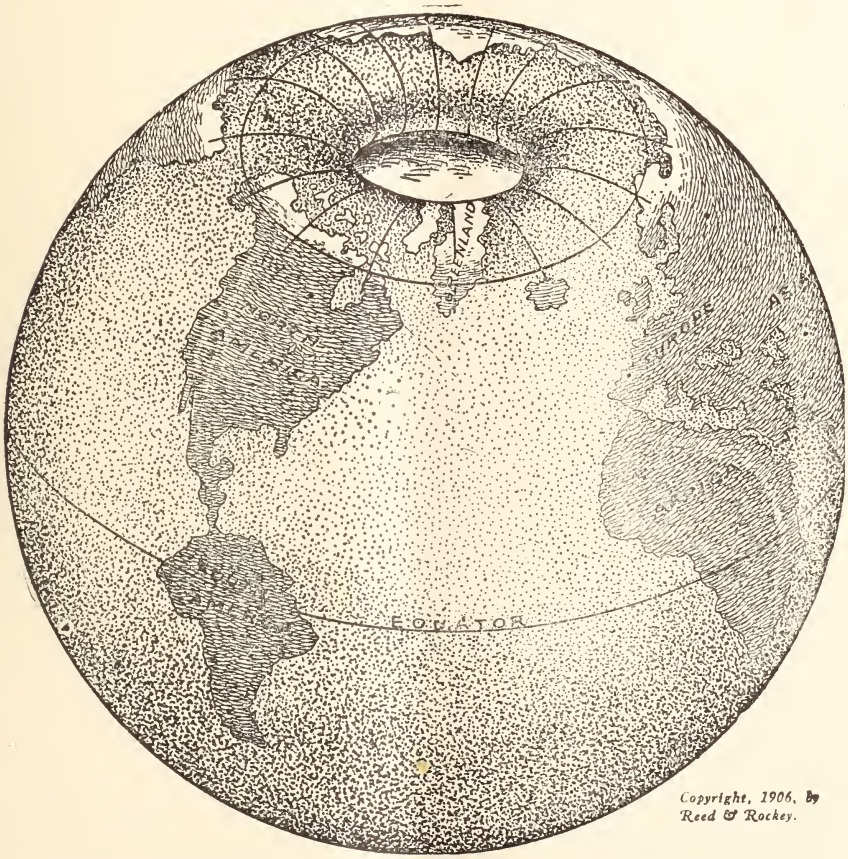


WILLIAM REED.

Hall found open water to the north, extending the whole length of the straits, from north to south. Reference to the fogs, so frequently referred to by the explorer, is also made by Hall. "The open water appeared as a dark spot on a white field. Fifteen minutes afterward it was covered by an impenetrable fog— a phenomenon never observed before in winter." "Anything that could cause that fog," says Mr. Reed, "must be out of the ordinary. If the earth were solid, and the ocean extended to the pole, or connected with land surrounding the pole, there would be

nothing to produce that fog. It was caused by the warm air coming from the interior of the earth."

The open water near the poles kept Nanson busy guessing, as it was warmer, and he was positive that it came from the Lena. "Several flocks of eider-ducks were seen in the course of day," says Nansen. "We ought to have land to the north of us. Can it be that which is keeping back the ice?"



GLOBE SHOWING ENTRANCE TO THE INTERIOR OF THE EARTH AT THE NORTHERN EXTREMITY.

Here Mr. Reed says: "The Lena is a river in Siberia, and it waters are no warmer than those of any other river in that country. Again, the Lena is right on the opposite side of the pole from where Nansen was, and the distance between the two points is considerable. He remarks that 'he was sailing far away to the north,' when he was surely in the interior of the earth, some distance past the turning-point."

Kane gives some interesting information on this subject, which Mr. Reed quotes: "The farthest point attained by our party, was Cape Independence,—a precipitous headland. It was only touched by William Morton who left his dogs, and made his way to it along the coast. From it the western coast was seen, stretching away toward the north, with an iceless horizon, and a heavy swell rolling in with whitecaps. At a height of five hundred feet above the sea this great expanse still presented all the appearance of an open and iceless sea. Crowds of migratory birds were observed thronging its waters."

"One of the principal proofs that the earth is hollow," declares Mr. Reed, "is that it is warmer near the poles. To what do we attribute the heat? It is reasonable to suppose that it comes from the interior of the earth, as that seems to be the only place from which it could come. All about this region," he further asserts, "seals, ducks, and animal life abound in great numbers as seen by Capt. Hall and others."

GLOBE SHOWING A SECTION OF THE EARTH'S INTERIOR.

Greeley writes of much vegetation upon some of the islands they visited.

"Eight varieties of flowers were seen, and musk-oxen were quietly grazing about three quarters of a mile away, sloping hills were covered with vegetation, the familiar butter-cups, and countless Arctic poppies of luxuriant growth, eider-ducks were in great numbers."

Mr. Reed asks, "from what place had those birds come? South of them for many miles, the earth is covered with perpetual snow,—thousands of feet deep. They are found in that location in summer and as it is warmer farther north, they would not be likely to migrate to a colder climate in winter," he believes "they pass into the interior of the earth, as far as suits their nature. Swarms of auks were also seen —so plentiful that they darkened the Arctic regions. Their little voices were often heard from a distance of four or five miles."

"Driftwood and other material found on the northern sides of the shores

bordering the Arctic Ocean," writes Mr. Reed, "furnish further proof that the earth is hollow."

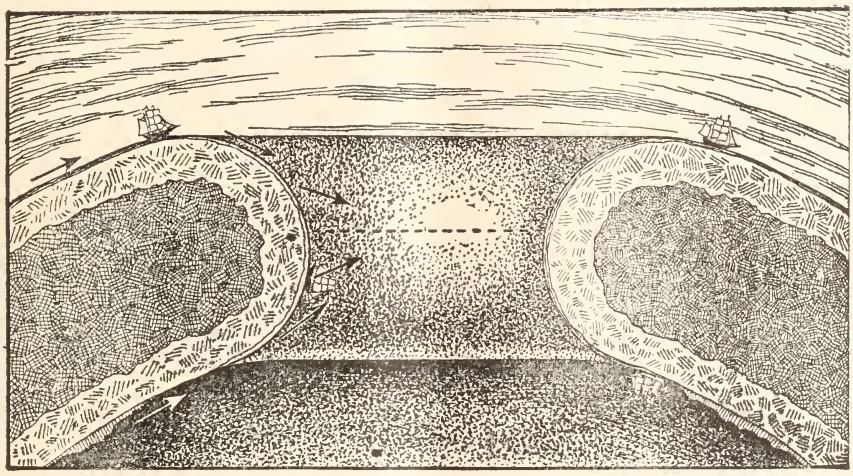
Greeley writes that a large coniferous tree.—thirty inches in circumference, and thirty feet long, was found on a beach. It was cut up for firewood, and a bright, cheery camp-fire gave comfort to the party. Much other drift-wood was found near the high-water mark.

This drift-wood, Mr. Reed thinks, must have come from the interior of the earth; as it had open water to drift in and tidal waves to lift it above the high water mark.

Mr. Reed is inclined to believe that other races beside Eskimos dwell in the Arctic regions and interior of the earth and thinks their civilization was, "of a low order, as little has been found to show that they were skilled in building. Sleds were found, sled-runners of bone or wood, and several articles of worked bone were found,—of use unknown to the Eskimo guides."

"What produces colored snow in the Arctic ?" asks Mr. Reed. "The snow has been analyzed, and the red, green, and yellow have been found to contain vegetable matter, presumably a flower, or the pollen of a plant. Black snow contains carbon and iron, "supposed to come from a volcanic eruption. But whence did it come?" The interior of the earth is the only spot that will furnish us with an answer to the question. The black snow must come from "an exploding volcano—of the kind that covered Nansen's ship with dust."

Greely wrote about open water and bordering ice-walls, with the ship traveling between. Kane could not imagine what became of the ice; it apparently went,—he thought,—to an open space in the north,



HOW THE MAGNETIC NEEDLE WORKS IN PASSING INTO THE INTERIOR OF THE EARTH AND HOW THE COMPASS LEADS EXPLORERS OUT AGAIN, THEY NOT KNOWING THE EARTH IS HOLLOW.

Mr. Reed discusses the mystery of the "dead-water," the formation of icebergs, tidal waves, clouds, fogs and vapors.

Arctic, and Antarctic Winds, the Centre of Gravity and Why we cannot reach the Poles, and How to reach the interior of the Earth, conclude Mr. Reed's book.

The book is beautifully printed and contains many excellent illustrations. Pleasure and profit are to be derived from reading the book.

THE AUTOTOXICOSES THEIR THEORY, PATHOLOGY AND TREATMENT. By Heinrich Stern, Ph. M., M. D., New York, Professor of Special Medical Pathology and Therapy in the College of Physicians and Surgeons, Boston; Director of the Institute for Medical Diagnosis and Research in the City of New York, Physician-in-Chief, Philanthropin Hospital in the City of New York; Pediatrist and Pathologist Misericordia hospital and the Hartsdale Infirmary; Consulting Physician Metropolitan and Red Cross Hospitals; Chairman Section on Pharmacology American Medical Association; Permanent Member Medical Society State of New York; Fellow of the New York Academy of Medicine, etc., etc. 12mo. 222 Pages. Price $1.00, Postpaid. Chicago: G. P. Engelhard & Company, 1906.

Autointoxication is a subject of interest to all practitioners and the various books recently issued on the subject have been well received. This book presents many valuable ideas on autointoxication and similar conditions. The author believes that many cases of so-called autointoxication are not at all of autotoxic origin. We quote a few of the author's conclusions:

"1. That autointoxication as the cause and complication of disease is not a conception of recent origin.

2. That the term "autointoxication" implies self poisoning of the organism by the retention of excessive amounts of normal, or by abnormal products of its own digestive or metabolic processes.

3. That autointoxication is "intestinal" when its supposed causative factors have arisen within the digestive apparatus, that is "catabolic" when it is apparent intra—or intercellular origin.

4. That toxic phenomena due to cetogenous material cannot be considered autotoxic in character and that the bacterial toxins, even when of enterogenous formation, are not true intrabiontic substances.

5. That "infection" and "autoinfection," and the toxic substances yielded by food-stuffs cause toxicoses but not autotoxicoses.

6. That enterogenous autotoxicosis presupposes the participation of the cellular energy of the gastrointestinal mucosa in the of the toxic factor.

7. That the organism possesses various means of autoprotection against enterogenous poisons.

8. That typical cases of enterogenous autotoxicosis exhibit a more or less characteristic syndrome.

9. That intestinal autointoxication (and alimentary toxicosis) is not depending so much on the admission to, as on the retention in, the blood of incompletely converted material."

About half the book is devoted to the treatment of the various autotoxicosis, preventive, dietetic and medicinal. This part of the volume contains many practical suggestion.

The book is nicely printed and well bound in cloth and is well worth the price.

BOOK NOTES

The Monarch Book Company, Chicago, announces the early publication of "Poker Jim, Gentleman," by G. Frank Lydston, M. D. This is a story of the old time Californian mining camps by a native son of the golden West. It depicts in graphic terms the oddities and heroism of the early western pioneers and brings out in bold relief the many-sidedness of their characters. The delineation of these characters is a labor of love on the part of the author, who recalls them from his boyhood's days.

and as the most picturesque features of his early life. They indeed belong to "the days when there were giants in the land."

"New Music for an Old World," is the title of a leading article in McClure's Magazine for July, which is worth a year's subscription to the magazine. It tells of Dr. Thaddeus Cahill's dynamophone, an extraordinary electrical invention for producing and transmitting scientifically perfect music. This invention may work revolutionary changes in the musical world. B. J. Hendrick contributes the third article in the series in "The Story of Life Insurance." This number contains the ninth of "Reminiscences of a Long Life," by Carl Schurz. "My Sixty Sleepless Hours," is an interesting story of the San Francisco earthquake by Henry A. Lafler. "Robin Goodfellow —His Friends," by Rudyard Kipling, is continued in this number, which also contains a great variety of other good fiction. The issue is profusely illustrated with the work of prominent artists.

Some of the good things in The World To-Day for July are: "The New Detroit," illustrated, by Hugo Erichson; "The University President," by Shailer Mathews; "The Panama Railroad," illustrated, by Lindon Bates, Jr.; "Summer Outing Camps," illustrated, by Annie E. S. Beard; "In Search of a New Arctic Continent," illustrated, by C. R. Patterson; "Americans of the Future," by Daniel T. Pierce; "The State Dispensary of South Carolina," by Freeman Tilden; "The First Modern Comedy," by H. C. Chatfield-Taylor; "Saskia and Rembrandt," by William Elliot Griffis; "Reformatory Work for Women and Girl Prisoners," by E. I. Farrington; "Harnessing the Mississippi," illustrated, by F. G. Moorhead; "The Salton Sea," illustrated, by Frank W. Blackmar; "Sanitary Improvements in the National Capital," by Clinton Rogers Woodruff; "The Canadian Invasion of Latin America," by Douglas Hall; "English Scholarships for American Girls," by E. Douglas Sheilds.

History is making faster in Russia than anywhere else in the world—and it is vital, deep-reaching history, too. Vance Thompson, in the July Everybody's, brings before you with wonderful are the scene and incidents of that great national drama. Mr. Thompson was in St. Petersburg for Everybody's when the Tsar ceded to the Duma its memorable privileges; he was an eyewitness of the death of autocracy; he describes each stage of the "Little Father's" visit to his capital. Charles Edward Russell contributes this month a highly important instalment of "Soldiers of the Common Good," dealing with the vigorous commercial policy of Japan. There are important matters nearer home, one of which is the great bucket-shop evil, now under the searching fire of Merrill A. Teague. In his second article, this month, Mr. Teague names the leading bucket-shop thieves, and gives amazing evidence whereby these criminals convict themselves. The bucket-shop is doomed. Mr. Lawson gives a brilliant picture of a Boston court scene and its significance, under the title, "A Prediction Roll-Call;" John L. Mathews tells the inspiring story of "Sophie Wright: The Best Citizen of New Orleans"—a crippled heroine who alone has taught and virtually regenerated thousands of her city's poor; and Eugene Wood, who has come to be the most popular authority on national festivals, has a characteristically humorous portrayal of "The Glorious Fourth" as childhood sees it.

MEDICAL PROGRESS

By E. S. McKEE, M. D., Cincinnati, Ohio. Lecturer on Clinical Gynecology, Medical College of Ohio University, Cincinnati

Dr. Otto Juettner, Cincinnati, since the appearance of his work on Modern Physio-Therapy, has been made member of the Anthropological Institute of Great Britain and Ireland.

* * *

Preconception. The South African Medical Record vouches for the story that a Wynberg lady grew so eloquent in the praises of her favorite midwife that she wound up by the statement: "There is such a demand for her that you must often if you want her engage her eighteen months before hand."

* * *

The Prescribing Druggist is Not Modern. Pope in his "Criticisms" written in 1709 says:

So modern 'pothecaries, taught the art,
By doctors' bills (prescriptions), to play the doctor's part,
Bold in the practice of mistaken rules
Precribe, apply and call their masters fools.

* * *

Curbstone consultations are known and avoided by the medical profession of America. In Continental Europe they speak of "Table D'Hote Consultations" and along the Riviera as "Winter Garden Prescriptions", and in England as "Cross Counter Therapeutics."

* * *

Apropos to the present discussion on the over-trained nurse: "Wanted, by a gentleman of means, a capable nurse, trained or untrained, male or female. Good wages to proper person. —Bogota Bomb.

Answer—Am satisfied that I can fill your requirements as I have been both for some years. Respectfully, Miss Ethel B———, trained nurse."

* * *

"Prejudiced" by antenuptial conception are one-third of the births in New South Wales as per the statement of Mr. Coghlan. In Scotland in the year 1885 it is stated by authors to be probably within the mark that one-third of the marriages, excepting sterile ones, the bride had a child while unmarried or was pregnant when married.

* * *

Haeckel as a Practitioner. Ernest Haeckel, the biologist, when he took the degree of doctor of medicine hired a consulting room at Wurtzburg on the door of which he nailed a notice to the following effect: Hours of consultation every morning from 5-6. During the first, and last, year that he practiced just three patients presented themselves. Haeckel records with undisguised satisfaction that none of them died of his treatment.

* * *

Appendicitis Diagnosed by the Double A B C. Dr. Robert T. Morris of New York (N. Y. Med. Times) gives the following unique means of diagnosis in appendicitis:

Acuteness of attack.
Board belly.
Colic and constipation.

From the earliest moments of infection of the appendix the abdominal muscles tighten to form a protective splint supplied by nature. This is a very easy means of remembering the important points in the diagnosis of appendicitis.

Kernig's Sign in Herpes Zoster. Belbeze (Archives Generales de Medicine) has found this sign present in two of these cases. The sign began to diminish on the third day of the eruption and disappeared on the fifth. The sign and the pains disappeared simultaneously. This goes to support the view that herpes zoster is a disease due to a lesion of the central nervous system for Kernig's sign is evidence of meningeal irritation.

* * *

Masculinity, that is the proportion of male to female births is considered in a book on Natality and Fecundity by Lewis and Lewis. This differs considerably in different countries, Greece and Roumania taking the lead with an average masculinity of 1,138 and 1,108 respectively to every 1,000 female births. In Great Britain masculinity is declining though less so than in France. The figures available do not show that variations in masculinity do not depend upon similar variations in the birth rate. Legitimacy has no certain relationship to masculinity.

* * *

Phoneurisis is complained of by a correspondent of the London Lancet who has on several occasions had the painful pleasure of sitting for an evening under the strains of the phonograph. The strains of the phonograph strain his bladder to its utmost capacity and he finds himself passing twice as much urine as ordinarily. The man is nervous and he should go read the poem written somewhere and by somebody in the eighteenth century which starts out as follows:

"Graceful as John she moderates the reins,
And whistles soft her diuretic strains."

* * *

This is the time "of year when the doctor
"In populous cities pent
Where houses thick and sewers annoy the air"
should hie himself to—
"Airs, vernal airs
Breathing the smell of field and of grove."
"And purple all the ground with vernal flowers."
He should be a bit where he can lay upon his back on the grass and
"Look into the fair
And open face of heaven."
Pure air and sunshine are valuable aids to recovery both for the patient and the worn out doctor.

* * *

Can Retention of the Placenta Succentaria be Diagnosticated in Every Case? Labhardt (Annals of Gynecology) says we must always remember the possibility of this occurrence, which Winckel estimates takes place in one-half of all cases. The diagnosis of retained placenta succentaria is by no means easy. He advises to search the placenta by holding the membranes against the light. If sundered vessels are found the retention of an extra placenta may be found. The most confusing condition is when the placenta succentaria is wholly infarcted. The subject is fully discussed in the Zentralblatt fuer Gynecologie.

* * *

The Therapeutic Value of Chewing Gum. It has long been the custom of the writer to advise the chewing of gum in those cases such as typhoid fever where a long subsistance on liquid food is found necessary. It gives the patient a way to pass the time, exercise the masticatory muscles and brings out the salivary juices so necessary to the proper handling of the food. Meunier (Bulletin des Sciences Pharmacologiques) has investigated this subject and has drawn attention to its value as a therapeutic measure. He has found that as a result of chewing a small piece of

gum containing a little alkali the flow of saliva is increased five or six times in amount. Hyperacidity is neutralized by the saliva which converts the starch into soluble products.

* * *

Doyen the Famous Surgeon Operated Upon. "See the hangman when it comes home to him," said the mob to Dennis the hangman in Barnaby Rudge when the halter was about his neck. It is interesting to note the doings of this famous surgeon under the knife for appenditicis. As soon as the diagnosis was made he sent for his former pupil, Rousselle of Rhiems, whom he asked to operate at once. Doyen himself saw that all preparations were complete and he himself administered the anesthetic. He used ethyl chloride and in ten or fifteen minutes he felt himself "going" he gave the word to operate. Recovery was uneventful. Doyen is spoken of as "the separator of twins, the gelder of lions—the king of surgeons operating on the king of beasts." He and we are to be congratulated on his safe recovery from the operation.

* * *

The Royal Statistical Society of London has turned its attention to the decline of the birth rate in England. The birth rate in America and also in France has been declining ever since most doctors were born. It has now become the proper thing among British matrons and the staid Statistical Society has directed its fertile brain to the comparison of the past with the present relative sterility in England. It has taken a peculiar way to get at the bottom of the matter. They have agreed to a preconceived idea after much labor the relative sterility depends on the number of domestic servants per 100 families. For example: they find that where there are 60 servants found in 100 families the birth rate is lower than where there are 50 servants in 100 families and so on down to 10 servants per 100 families in a regular ratio. The connection between hired girls and the fertility of the family is not very clear from this side of the water.

* * *

Haematoma of the Ovary, Source of the Hemorrhage. Smallwood Savage, in a paper before the British Gynecological Society (Annals of Gynecology) says that in four specimens he found under the microscope the blood vessels which are in association with the follicles of the lining are either on the point of rupturing or appear to have ruptured into the blood cyst. Some appear to be approaching the interior of the cyst and closely connected with an enlarging follicle. Others are covered by and only separated from the interior of the cavity by a single layer of epithelium, the membrana granulosa, and some have their lamina open to the cyst. While the source of the hemorrhage arises in the rupture of the blood vessels that are in association with the devloping Graffian follicle, the blood becomes interstitial just so quickly as the immature follicle cannot withstand the internal pressure of its contained blood.

* * *

Nephrectomy Followed by Pregnancy and Labor. Soble (Annals of Gynecology) reports ten cases of pregnancy following nephrectomy, nine of the women being delivered at full term and one at the sixth month because of the induction of abortion. Two of the pregnancies occurred in the same patient and were deliveries at term. All the patients made good recoveries and in none of them did the fact that the woman had but one kidney give rise to any untoward symptoms. These ten cases are the only ones known to have followed nephrectomy. The number is too small to determine the risk of pregnancy under these conditions, but in so

far as such a number can determine the point, it would seem that pregnancy and labor need not be interfered with by a previous nephrectomy.

* * *

Phthisis and Pregnancy. Burkhardt (Deutsche Med. Wochenschrift) concludes: 1. Pregnancy does not, eo ipso, have an unfavorable influence on the course of tuberculosis of the lungs; cases do well at times in high altitudes. 2. Cases of progressive phthisis can become stationary during a pregnancy and the progress is then favorable. 3. Abortion does not benefit the lung condition; on the other hand, it might do much harm. 4. Artificial abortion must, therefore, be limited as far as possible and the indications which the author is inclined to give are as follows: (a) the severest form of phthisis, and (b) when hyperemesis gravidarum exists. 5. At the birth emotional excitement and bleeding must be reduced to the lowest measure possible, suckling must be forbidden. 6. The treatment of the phthisis in high altitudes must be continued for from four to six months after the delivery, even in mild cases with favorable prognosis, in order to avoid late disturbances.

* * *

A Sense of Humor as a Hindrance to Success. Rev. John Watson, Ian McLaren, thinks that a sense of humor is a hindrance to practical success in life and that if a young man has it he should hide it under an impenetrable solemnity till he has attained a competence. As far as medicine is concerned Weelum Maclure is probably right. It is not necessary for the doctor today to dress in a style tastefully blending the divine with the undertaker but a sustained and impenetrable solemnity is advantageous to those who would attain success in medicine. In the darkest tragedies of human life there is often an element of comedy and even farce and there are minds to which this appeals with irresistable force. The doctor has to concern himself not with the humor of the situation but with the humors of his patients and their friends and these he must treat with all due gravity. Osler could bear testimony to the inconvenience of a sense of humor. George Eliot said that doctors have beyond most men the faculty of listening with perfect gravity to the most abject nonsense.

* * *

New Preparations of Iodine. Chassevant (Journal de Pharmacie et de Chemie) describes two new preparations of iodine which promise to prove of value. He has found that chloroform has an advantage over alcohol as a solvent for iodine. A ten per cent solution of iodine in chloroform when applied to the skin produces a brown stain less permanent than that of tincture of iodine. It does not cause desquamation, even in concentrated solution, or itching, or dermatitis, as is so often the case with the alcoholic preparations of iodine. When applied in this manner the remedy is readily absorbed and shows in the urine in ten minutes. He considers the solution in chloroform the most suitable for the internal administration of the drug. A new preparation of iodine for internal use has been devised by M. Vaudin (Bulletin des sciences pharmacologiques). It is prepared by treating maisine, an albuminoid substance contained in maiz, with iodine. The product iodomaisine, is a yellowish, hygroscopic substance soluble in water and having a bitter taste. In daily doses of 10 or 12 centigrammes, about two grains, it is easily tolerated by the stomach and gives good results in emphysema, tertiary syphilis and in other cases where the internal administration of iodine is indicated. Iodine in surgery has been recently very highly spoken of by Senn.

PRESCRIPTIONS

By J. A. Burnett, M. D., Cecil, Ark.

ULCERATIVE DIARRHOEA AND DYSENTERY

Ulcerative diarrhoea and the later stages of bloody flux can be relieved by an enema of the following:

℞

Silver nitrate.....gr. viij.
Water .....ʒviij.

M. Sig.—Inject once or twice a day and let it pass out. It will not usually be necessary to use a salt solution afterwards. Of course do not neglect indicated internal remedies.

FEBRIFUGE

In simple fevers when the pulse is full and secretions dry, the following is very useful:

℞

Specific lobelia.....gtts. x.
Specific asclepias..... ..ʒij.
Aqua.....q. s. ad., ʒiv.

M. Sig.—Dose, one drachm every hour.

ATONIC CONSTIPATION

Constipation in anemic atonic persons can be relieved by the following if no spinal irritation is present:

℞

Fluid ext. cascara sagrada..ʒj.
Tinct. nux vomica.....ʒij.

M. Sig.—Dose, twenty to thirty drops one to three times a day.

SCABIES

The following prescription will be found to be of much value in most all skin diseases that resemble itch:

℞

Potassium carbonate....gr. 40..
Sublimed sulphur.....gr. 80.
Lanoline..... ....ʒj.

M. Sig.—Apply externally three times a day. An experienced physician gave me the above and stated that it was the best thing he had ever found.

DIAPHORETIC.

A good diaphoretic to be used as a febrifuge in fevers when a diaphoretic is indicated is as follows:

℞

Pulv. lobelia .....gr. xv.
Pulv. crawley.
Pulv. asclepias, aa....gr. xxx.
Hot water..... ....ʒvj

M. Sig. Let steep 15 minuts and filter, dose one teaspoonful every 15 minutes until sweating and then often enough to keep sweating.

In any fever where a diaphoretic is contra-indicated iron salicylate should be used in 3 to 10 grain doses.

AMENORRHEA.

In some cases of amenorrhoea Dr. Thomson's composition powder given by infusion will give relief. It is indicated in cases where the circulation is not good and the flow delayed by congestion on account of getting wet or by exposure. It is made as follows:

℞

Pulv. myrica cerifera....2 lbs.
Pulv. abies canadensis.
Pulv. zingiber, aa.....1 lb.
Pulv. capsicum
Pulv. cloves, aa.....1 oz.

M. Sig. Dose one-fourth to a teaspoonful in a cup of hot water as needed.

AMENORRHEA.

The following is of much value in amenorrhoea and is recommended by Dr. Edith J. Thomas:

℞

Fld. ext. cornus card.
Fld. ext. dioscorea vil. aa.ʒiij.
Fld. ext. euonymus. .....ʒiv.
Simple syrup, ..q. s. add.. ʒiv.

S. Dose one drachm after eating and at bedtime.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

ENTERO-COLITIS

By O. W. Cobb, M. D., Easthampton, Massachusetts.

I was called last August to see an ight months' old boy who was said to e dying of cholera infantum. He had een been treated by two capable men, oth of whom agreed that the child ould not possibly outlive the day. Every conventional remedy had been ried and the favorite methods of both nen had been exhausted. They frank-y admitted that all had been done that ould be done. I found the patient al-nost moribund and displaying all the ymptoms of a child dying of what I iagnosed as entero-colitis. The symp-oms, to my mind, were classic, despite he previous diagnosis. The case was urned over to me at 9 a. m., Aug. 7th. A trained nurse was already on this ase. She is an unusually competent voman, in whom I have the most im-licit confidence. Then began one of he hardest battles of some years in my xperience. I ordered high enemas of lyco-thymoline in 25 per cent solution nd warm. Used four ounces at a time vith a soft rubber catheter once every hree hours. The child could retain nothing, was in frightful pain and pass-ng constantly thin, foul smelling dis-harges tinged with blood. The child vas emaciated to the last degree and or several days before I was called had een in a semi-conscious state. The oor little baby was a pitiful sight. For nourishment I ordered several combi-nations to be administered, an ounce at time, as a rectal clyster following the nemas of glyco-thymoline.

I know it is not good practice to give hypodermics to an infant, but this was a grave case. My predecessor had ordered gr. 1-64 morphine, gr. 1-960 atropin, sub. q. every four hours if needed, with strychnine 1-240 gr. if necessary. I continued this as the baby was often in intense pain and there seemed to be no other way. This was my plan of campaign and I am both thankful and pleased that it was successful. The baby improved from the first, but so slowly that it was scarcely discernable to the parents, but the nurse and myself saw it. After three days the child could take some nourishment per orem. I then gave 2 m. of glyco-thymoline in one ounce of water every two hours before feeding. It began to have short periods of natural rest and the discharges were in every way improved. At the end of a week, Aug. 14th, the improvement was quite marked but we did not relax our vigilance. The hypodermics, except of strychnine, were discontinued. The enemas were continued fifteen days, once every three hours, then at less frequent intervals for a month, then once a day for six weeks. The recovery of the little patient was long and slow but uneventful. The mother and nurse were devoteful and ably seconded my efforts. At this time the baby is a strong, rosy youngster.

It gives me great pleasure to tell you of this case. The experience may be of value and it certainly proved to my satisfaction at least, the potential possibilities of glyco-thymoline in gastro-intestinal work. May you be speeded in your good work.

THE PERILS OF WOOD ALCOHOL AND FORMALDEHYDE

Every package of witch hazel should be carefully tested for wood alcohol and formaldehyde. These ingredients are very dangerous, even when used externally, and in New York State the use of wood alcohol in any preparation whatsoever, is forbidden under a penalty of $2,000. . . . Many unprincipled manufacturers use wood alcohol, some rely on formaldehyde, while again others use a combination of these with grain alcohol.—Practical Druggist.

Wood alcohol exerts its toxic effect only less readily when used externally than when taken into the stomach. Its use in the manufacture of liniments and other external preparations is no more to be considered than its employment in the manufacture of essences and similar articles meant for internal consumption.—Bulletin of Pharmacy.

"All aqueous witch hazel distillates shipped inland contain added formaldehyde to preserve it until it reaches its destination, where it is then fortified by the addition of alcohol."—T. D. Wetterstroom, National Food Commissioners' Assn., Portland, Ore., July, 1905.—The addition of formaldehyde should no more be "tolerated" here than in other substances used as food, or in medicines, for the obvious reason that it is an irritant poison, the powers of which are probably not fully known. Its vapor may have some effect on the eyes which we have not yet learned to distinguish.—Editor, The Druggists' Circular.

It is reported that the majority of several hundred samples collected of distilled extracts of witch hazel sold in Chicago drug stores have been found to contain wood alcohol, instead of grain alcohol, and even formaldehyde. . . . The spirit of intolerance against the sale of preparations containing wood alcohol, whether for internal or external use, is constantly growing, and it may be expected that the practice will meet with more and more severe punishment in the future.—Bulletin of Pharmacy.

The poison perils of the common commercial and unidentified witch hazels of the market, adulterated with wood alcohol and formaldehyde, may be entirely avoided by prescribing and dispensing only Pond's Extract of Hamamelis Virginica. Pond's Extract has been the standard of purity, quality and strength among distillates of hamamelis for more than half a century and its many medicinal and recognized virtues have doubtless contributed materially to secure recognition for aqua hamamelidis by the Committee of Revision of the U. S. Pharmacopoeia, 1900, and its inclusion in the latter as "official."

At the annual meeting of the stockholders of the Finsen Light Institute of America, held in Chicago, June 28, 1906, some changes were made in the officers and personnel of the institute. Edward D. King was elected director in place of J. W. Johnston, and William A. Pillinger director in place of George W. Stewart, resigned. Doctors Wellington T. Stewart and H. John Stewart tendered their resignations as consulting surgeons of the institute, after disposing of all their holdings in the company. Their resignations were accepted.

Carabana is the only purgative water the use of which is unaccompanied with disadvantages in genito-urinary diseases. It relieves women suffering with hemorrhoids and diseases of the uterus and ovaries, by reducing the congestion of the pelvic viscera. It re-establishes the normal flow of bile, and is thereby a prophylactic in cases of biliary colic, due to the passage of biliary calculi.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. IX AUGUST, 1906 No. 8

Leading Original Articles

METALLIC ELECTROLYSIS OR CATAPHORESIS

(Continued from Page 218 July Recorder.)

By Gordon G. Burdick, M. D., Chicago, Illinois.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor of Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

When a current of electricity leaves a conductor, and passes into a fluid, or a semi-fluid medium like animal tissue, it carries with it a molecule of the electrode which under favorable conditions will reach the negative pole and be deposited; but if the resistance of the tissue is too great it may pass to a certain distance within the tissue and become deposited. The distance it passes will depend upon the electro-motive force, while the number of molecules carried into the tissue depends upon the time and the amount of current.

Metal driven into the tissue by this means is said to be in a collodial form, meaning by this, that the metal has active properties and will bring about changes without necessarily being changed itself.

In our last issue we learned about the properties of pure copper, and now we will study the effect of pure zinc amalgamated with mercury. It frequently happens that we desire to destroy a growth that may be either large or small, and existing reasons may exclude surgery, but leave us the zinc-mercury method to accomplish what we desire, with very little trouble. This method is divided into the major and minor procedure.

ZINC-MERCURY CATAPHORESIS, MAJOR

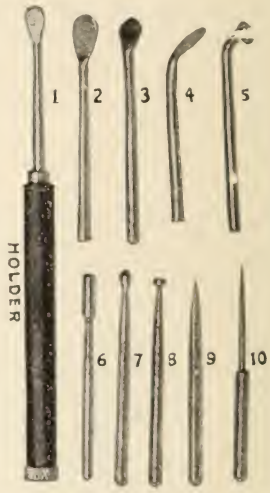
This is a very formidable operation that involves the use of full anesthesia, with special knowledge and paraphernalia to carry it out successfully. It was brought forward and popularized by Dr. G. Betton Massey who has spent a good part of his life trying to get physicians interested, and cause them to adopt this method in the treatment of malignant disease. He has been remarkably successful with it, as have other physicians who have ventured to use it.

The procedure consists of the use of pure zinc electrodes amalgamated with mercury, held in a tailed holder, and a very large amperage to drive huge masses of the collodial metals into the base of the tumor, where the collodial zinc is reduced to the chloride which destroys all tissue in its vicinity, and the mercury is reduced to the bichloride

which passes to a great distance within the tissue effectually sterilizing the field, leaving a soft odorless eschar, which separates upon the seventh to twelfth day, this depending upon the size of the operative field. The granulations left are healthy and a rapid cicatrization takes place. Frequently the wound is filled with a normal tissue growth, and the resulting scar is always soft and pliable.

THE TECHNIC

The field is prepared in the same manner as for an operation, then a bed of potter's clay is prepared well moistened with salt water and of sufficient length and breadth to completely cover the form of the body; this is connected to the negative electrode 100 batteries or the 220 volt current with a perfect wire shunt controller having meters upon the line. The patient is then placed upon the bed of clay and properly anesthetized and the operators are ready to begin. The positive pole of the dynamo through the controller of the batteries is connected to the tailed holder, and an incision is made near the base of the tumor by means of a distoury or a hollow rotary punch driven by a dental motor. A properly prepared zinc electrode amalgamated with mercury is introduced, and the current turned on until it reaches from 15 to 35 m. a. of current for each electrode used, depending upon the size of the needles. When this point is reached another incision is made and another electrode introduced and more current turned on until the milliamperemeter registers at 30 or 75 m. a. and so on until we are using from six to ten electrodes, and our meter registers from 1000 to 1500 m. a. When the tissue assumes an ashen grey appearance, approximately one eighth of an inch from the electrode, turn off current from 15 to 35 milliamperes, withdraw and reintroduce in a new place, and so on until the tumor is well surrounded. The current should invariably be turned on and off slowly in order to avoid giving a shock to the patient. The amount of current that can be used in a given case will depend upon the location of the disease, the effect upon respiration, and the ability of the skin to disperse the current through the large negative electrode of clay. I have found it the part of wisdom from one painful experience, that it is well to turn the current off several times and look at the skin upon the negative electrode, and ascertain if you can detect any indications to burn, if so, cover the place with rubber tissue and prevent a terrible negative burn from taking



place. There is a general disposition for a new operator to overdo his first case and carry the destruction farther than may be necessary; but this must be carefully guarded against. When the operation is completed an ordinary dressing of clay poultice will retain the moisture in the slough until complete separation takes place.

ZINC-MERCURY CATAPHORESIS, MINOR

This is a procedure that may be carried out by means of local anesthesia and is very efficient in destroying small growths, sterilizing cavities, and otherwise preparing a very unfavorable wound in such a way reparative chang-

es may take place. It is perfectly controllable and can be limited to the exact position where we desire to use the process. I have successfully removed numerous epitheliomas, moles, sarcomas, rodent ulcers, unhealthy ulcers, and the indurated tissue around fistulae. By using electrodes especially shaped for this purpose, it is rarely necessary to use more than 5 to 20 m. a. of current, and injecting cocain along the course of the nerve supply no pain is experienced. It is a very sufficient means of stopping a carbuncle, or furuncle. Dip a ball shaped No. 8 or needle electrode No. 10, see cut, into carbolic acid, after being properly amalgamated and connected to the positive pole, then place the negative electrode in some satisfactory position and introduce the needle, and gradually turn on the current, until the proper amount is registered on the milliamperemeter, allowing the current to flow until the fluid becomes turbid, or in carbuncle until a distant bleaching of the tissue takes place. The same method is used in each opening until each one has been treated, then a wet sterile dressing is applied, and as a usual thing the process is aborted.

DANGER OF THE PROCESS

First:—like all other valuable procedures this one is not without danger in careless hands. It should never be used where the current is likely to traverse large blood vessels in the near proximity of the positive pole, as secondary hemorrhage may result. This of course does not apply to the minor process as it is without danger one half inch from blood vessel, and the negative electrode can be used. in such a way that the current will take an opposite direction.

Second:—there is much danger of the electrodes being contaminated with arsenic or cobalt, which would result in a wound that would not show much disposition to heal.

Third:—the danger of severe negative burns in the major process. ,

Fourth:—unreliable apparatus indicating too low milliamperage than you are actually using.

CARCINOMA AND SARCOMA

The use of this procedure in the treatment of this disease has now passed the experimental stage, as several hundred cases have been submitted to this process by different operators and reliable reports are in existance, showing this to be a very effective treatment. In my own practice I have treated 68 cases by this process, 14 of sarcoma and 54 of carcinoma. The tumors have ranged in size from a hickory nut to one involving the entire breast. Many of the cases had extensive infiltrations in the axillary glands. Two cases of sarcoma and thirty-six cases of carcinoma have been well and free from recurrence for a period of three years, and the indications are that more will be added to the recovered list within the next six months. Eight cases of carcinoma of the breast died from recurrence in the liver and not one case showed a recurrence in the wound or within ten inches of it. This speaks well for the effective way this method does its work. Many of these cases were considered non-operable, and many were located in positions making access to them by surgical means out of the question, as cancer of the superior maxillary and faucial membranes. In uterine cancer it is of very limited usefulness, owing to the liability of causing perforation of the bladder or rectum. It can be used freely in any locality away from large blood vessels or the large hollow organs.

The apparatus necessary is a suitable wire or graphite shunt controller, with the current protected by lamps on the line in order to avoid the possibility of a dangerous short circuit. About 100 cells of battery or the 220 volt direct current may be used as our source of energy, then by carefully regulating it by suitable controllers we can get just what we desire in a given case. In the

great majority of cases, if the tumor is not too large we can use the 110 volt direct current, as it will allow the use of current of five active electrodes which is sufficient in many cases to destroy the tumor in a reasonable time, and as it is much more easily handled, and available in so many places, it is better to use it as much as possible. It is well for a new operator to be extremely careful, and not do any more experimenting than necessary, especially with the large negative electrode, which should invariably be made from potter's clay well moistened with normal salt solution and thoroughly sterilized before using. It must be large and be brought in very close contact with the skin or a severe negative burn will develop. Felt, spongiopillian, gelatine-molasas composition electrodes will invariably produce burns.

It is rarely necessary to destroy the glands in the axilla while treating cancer of the breast, as they seem to be invariably destroyed.

A QUESTION OF DIAGNOSIS

By J. R. Landers, M. D., Bernadotte, Illinois.

Fresh from our alma mater that conferred on us the degree of Doctor of Medicine, were we a better diagnostician than now, or at any time since we hurried home with that "precious parchment" tucked under our arm, to exhibit to our mother, and possibly our sweetheart too, the evidence of what we should have been with as much joy and importance as though we could substantiate it.

Soon after that memorable and important event when we received that which was considered evidence of our comprehensive knowledge, and which event corroborated it when such advice was given and such wisdom, both profound and witty, was poured forth to cheer and inspire, or confound and perplex, according to individual appetency, personal peculiarities or proclivities, something over forty cases fell into our hands, which we diagnosed as typhoid fever. There was evident a similarity of symptomatic syndrome in all cases. The periods of duration were from five to twelve weeks; no case died under five days or later than twelve weeks. These cases were practically contemporaneous, and some indeed coetaneous, so that we had the opportunity to observe similarity and note dissimilarity; and, though no two were alike, in each case the symptom complex conformed more or less to the classic syndrome of typhoid fever.

Though one case, an habitual and hard drinker, refused to live over the fifth day, no other one was so hasty, and the period of duration in no other case was less than three weeks or over twelve weeks. All that were not dead by that time were dismissed. We had no blood, or other, tests, but went on general principles, so to speak; and as we understood theory and authority, we diagnosed typhoid fever. We had counsel. Diagnosis was not questioned, but agreed to unhesitatingly by our consultant. We wrote and inquired of different leading lights. All approved and concurred in the diagnosis of typhoid fever. Not one of these cases was of shorter duration than three weeks, that recovered. According to all counsel we had, our diagnoses were correct.

Subsequently we had numerous cases which presented symptoms that, according to authority, were significant of pneumonia, many cases typical if authority was right. The course run in each was similar in all others: the period of duration nine, fourteen to twenty-one or more days. We had counsel with the best available practitioners; rarely indeed was our diagnosis questioned or disputed. Our treatment may have been denounced and our knowledge of therapy censured or pitied, but rarely

was our diagnostic ability questioned or our diagnoses disputed.

We had sick babies to doctor; we said some had cholera infantum. Counsel was called and said: "There is no question that the diagnosis is correct." We said the prognosis was death under any treatment we knew anything about. The consultant said yea—the patient died. We reported in detail time and again, asked for diagnosis, advice, treatment and criticism of those reputed capable of dispensing needful knowledge. And though treatment was frequently denounced and "the correct one" (?) given, and we got an edifying reprimand for our lack of therapeutic knowledge, with the interlinear admonition to read up (though the treatment we used was "the correct" from another capable (?) source), yet the diagnosis was practically undisputed. Consequently, while we concluded that our ability as a diagnostician was at par, typhoid fever, pneumonia, cholera infantum and everything even to whooping cough, all ran along about so, or died anyway; the "crying need" was for remedies that would remedy, and not therapeutics to entertain the patient instead of curing or healing, as supposed, and as is the literal meaning of the term. What availed it to make accurate diagnoses, if nearly all diseases ran a certain course and could not be influenced or modified by treatment?

We felt that if we could not be of more service, or of any service, for we could not see how naming the disease could be of service to the patient, the only honorable way would be to say we knew nothing to change the course of the disease, or to retire from the case.

We began somewhate determinedly to find out if there were not a basis for rational treatment, and to try to acquire knowledge adequate to a confident application of some remedies, at some time, at least.

We labored, studied with some diligence to be worthy of our hire, and gain some knowledge of certainty, to be able to know what to expect for our own peace of mind. For sitting by a patient, watching, waiting and wondering what would happen next, would life or death win, would the medicine act beneficially or would it injure, was it too strong or too weak—all at sea—is as exasperating as uncertain, as humiliating as monotonous. We cornered an idea once in a while; we picked up what seemed a rational suggestion here and one there; and desiring to eliminate uncertain strength and indefinite dosage, we used the best, most stable, active preparatiosn we had knowledge of; and we have thought we were able sometimes, at least, to make what seemed a rational application, and get effects we expected and thought needed. Results were better, and we thought we had modified or influenced the course of the disease. We have seen some grave cases of cholera infantum get well, under the use of the sulphocarbolates as intestinal antiseptics as dominant treatment; in fact, we have had none die in a long time. We have had some cases of croup, which looked serious, get relief, sleep and health, under a comparatively recent method of treatment. We have had cases we thought presented unmistakable symptoms of pneumonia, seemingly identical with cases so diagnosed previously without question, under the active principle, vasomotor treatment practically well in three days; and we thought we might be mistaken, but this same result has occurred so often that we were forced to conclude it was not a mistake in diagnosis, but that the treatment had aborted, jugulated, the disease. Called later in cases, when there could scarcely arise a question, manifesting the so-called pathognomonic symptoms, we have put them on the active-principle treatment and had no crises, and dismissed the cases in five, seven or ten days; and this has occurred so frequently that we felt justified in concluding that treat-

ment had modified and influenced the course of the disease, since hundreds of other physicians have related similar experiences. But we are told we were and are mistaken—diagnosis was questioned or disputed, and we are asked how we arrived at a diagnosis and how we know results would not have been the same without treatment, as though it were the rule that all cases of pneumonia are aborted.

When we failed to benefit the patient, there was no questioning diagnosis, but reversals seem to be taking place in matters, and instead of practice and experience maturing our judgment and bettering our diagnostic ability, it is intimated that the reverse is the more probable; and if benefit obtains, cure results from the use of active therapy of definite, stable, dependable preparations, then diagnosis is questioned or disputed. We have treated cases, whose symptoms we considered as significant of typhoid fever as in cases prior, in which the diagnosis was not doubted, on the intestinal antiseptic plan, with the sulphocarbolates, and had them get up in seven to eighteen days; and we thought we had influenced the course of the disease. But we are told this is an error, and we are asked to state how diagnosis was arrived at, and how we knew the case would not have resulted as satisfactorily without treatment.

When illness is protracted and death rate high, diagnosis is unquestioned. Strange, isn't it? Don't expect treatment to be beneficial, even doubt such a possibility! Isn't it possible for treatment to benefit the patient by modifying or influencing, hindering or arresting disease? Or have people ceased getting very sick? Have babies stopped having cholera infantum or any of the troubles comprehended under summer complaint. If so, why, and if not, why the lessened mortality, and why have we lost no cases for years? If our diagnostic ability has deteriorated and we are incapable of diagnosing the common diseases, what has become of the causes of disease? What has become of the bacillus of Eberth, the pneumococcus or the diplo-lanceo-bacilli-cocci of Palier, what are they doing? Have they become inoperative, or why such readiness to doubt and dispute claims justified by experience, of beneficial and remedial effects of drugs? Is it surprising that definite dosage with stable preparations of active remedies is effective? It would be a sad commentary on iatria if a cure was not only not expected but occasioned surprise, or when healing surprises the healer and he doubts even the possibility of the result being the effect of treatment.

This is an example of the impossibility of building a certainty on an uncertainty. Because we cannot approximate certainty of effect with preparations handicapped with variability, instability and all the mish-mash of uncertainties entering into their production and use, this does not mean that definite dosage of active, stable definite preparations cannot be relied on to produce a certain effect, or an approximately certain effect, in every case under similar conditions. Nor does the use of uncertain, unstable preparations fit one to judge of the capabilities, competency and usefulness of active, dependable preparations; any more than to know when water boils in a teakettle and how to pour it out would fit one to understand, manage and utilize a forty horse-power, compound steam-engine. Though we may have long known a remedy or some preparation of it, and used it familiarly, it is not impossible that it may, or some preparation of it may, be capable of producing benefits or effects strange and extraordinary to us. It would be just as reasonable to deny the existence of the telephone and doubt the utility of electricity for that purpose, or the electric cooking apparatus and its utility, because Thales, Grey, Wesler, Franklin, Galvani and Faraday did not

work them out, as to say we know all about a remedy and all its preparations. And who will attempt to estimate the dreamed or undreamed of possibilities of electricity?

Do we know all there is to know of calomel? And such a common thing as sulphate of magnesia—everybody knew all about salts long ago, but how long since we first heard of its anaesthetic properties?

To say a drug is too dangerous to use in this or that, proves nothing probably, except our ignorance of its action or effects when a dependable preparation, and perfect or competent knowledge of its action, might serve to point out great usefulness and importance. Because a drug is capable of harm does not necessarily mean it is incapable of good, or vice versa. To accept or reject because of theory, hypothesis or opinion, without effort to determine the truth is not compatible with fair dealing and honest purpose. We cannot be sincerely satisfied unless we make a rational attempt to determine the truth, and candidly weigh, deliberate and estimate, in sober judgment, unbiased, unprejudiced, accrediting holders of antagonistic views with sincerity until proven otherwise and assuming that opposing claims are conscientiously made.

And since unstable, preparations have been the great cause of a lack of confidence in therapeutics, so will definite dosage of active, stable, definite, dependable preparations, when properly understood and applied, give such positive effects, such beneficial results, as will silence the cry of therapeutic nihilism, pessimism and skepticism.

TYPHOID FEVER.

By M. A. Blanton, M. D., Baileyton, Tenn.

Typhoid fever is an old and hackneyed subject; yet owing to its great prevalence it should be reviewed frequently. It has an average duration of one month. The cycle of development is from human evacuations to drinking water and back to the small intestines. In the early history of medicine it was confounded with typhus and other febrile affections, and was first differentiated by Louis of Paris. The disease is of universal distribution although its severity differs much in different localities. This fever is apt to develop in newly settled, imperfectly drained localities. In 1855 an epidemic of twelve hundred cases occurred in Plymouth, Pa., caused by a case imported from Philadelphia. During January, February and March stools from this patient were thrown upon the snow where they froze and did not melt. March 25, when a general thaw came and the germs were washed into the towns' water supply, persons who drank water from other sources only, escaped. In this country the disease is present all the year. It reaches its maximum in September and early October and declines after November. A hot, dry season is more productive of the disease than a hot, wet one. Persons are attacked chiefly with typhoid fever between the ages of fifteen and thirty-five, however a case is reported at seventy-five years of age. It rarely occurs earlier than the second year. Generally three or four times as many men as women have the disease, owing to the greater exposure of the male sex. The members of certain families acquire the disease in a very malignant form. The bacillus of Eberth is the active germ in the production of typhoid. This germ closely resembles the colon bacillus and is actively motile. The weight of authority is wholly against typhoid infection by emanations from privies and sewers. An epidemic was caused by families using ice from an Adirondack lake where typhoid stools had been thrown—(Thompson). The germ has been shown to live two years on potatoes; ten months in top soil; three

months in an undisinfected stool, and eighty-five days on clothing. J. S. Billings kept them alive two hundred and twenty-eight days in a dark closet; but ninety-eight per cent were destroyed by two hours' sunlight. It is not known how many germs are necessary to produce the disease, but probably one or two are sufficient, as they multiply rapidly. The bacillus usually disappears from the patients' stools in ten days after the temperature is normal. The germ may be found during the height of the disease in the stools, urine, blood, gall bladder, spleen and even in the bone marrow. It has not been found in the bronchial secretions or saliva. Widal found that a small drop of blood or serum from a patient suffering with typhoid fever be added to a drop of virulent boullion culture of the bacillus, they cease their active motion within fifteen minutes and agglutinate. This test fails altogether in about three per cent of the cases that are genuine typhoid.

The essential lesions of typhoid are manifest in the lymphatic system. The intestinal lesions are the first week hyperaemia; in the second week necrosis, and in the third week ulceration with cicatrization in the fourth week if the patient is doing well. A catarrhal process involves both the small and the large intestinal mucosa. So varied is the clinical picture of typhoid fever that it may appropriately be said that the one who is capable of apprehending every phase of typhoid may intelligently cope with any other febrile malady.

We generally have an incubation of two or three weeks during which the patient has ill-defined languor and disinclination for labor of any kind. He eats poorly and feels tired on rising in the morning; he also complains of general bodily soreness. The invasion is marked by rigors or chill. The temperature becomes continuous the first week of the disease and is characteristic. Commencing at 9:30 the first night it gradually ascends, being about one degree higher each evening than on the preceding evening, but declining nearly a degree in the morning from the temperature of the preceding night. This continues until the fifth or seventh day of the disease when the temperature has reached 103° to 104°, where it remains stationary until the fourteenth to fifteenth day, when if the case is doing well, it gradually declines in an inverse ratio to its ascent. In very nervous subjects it sometimes happens that typhoid runs its course without any elevation of temperature whatever. There is sometimes diarrhoea; tympanites is present in the second week. There is also a gurgling on pressure in the right iliac fossa. The tongue is characteristic, sordes appear on the teeth and gums. From the seventh to ninth day an eruption appears on the chest and abdomen in crops and have somewhat the appearance of flea bites. This eruption is absent in a small per cent of the cases; but when present is a very strong diagnostic point.

The key-note to the treatment in the language of Dr. Abbott of American Clinical Medicine, is "clean out, clean up and keep clean." The first thing to be done, when called, is to give calomel one-sixth gr., podophyllin one sixth gr., iridin one-sixth gr. A granule every hour until six are taken, if the patient is an adult, to be followed in two hours by a saline draught. After the intestinal canal is as nearly clean as possible, follow this by the sulphocarbolate or salol. If the tongue is dry and tympanites is present, use the following emulsion in connection with the above intestinal antiseptics.

℞

Sodii bicarbonate.
Sach. alba a. a. . . . . ℥i.
Comp. spirits lavender. . . . ℥i.
Spirits turpentine . . . . . ℥ss.
Aq. camphorae q. s. ad. . . . ℥viii.

Met. Sig.—A teaspoonful every four

hours, decreasing as improvement progresses.

With this treatment you will seldom have a temperature above 102° and complications will be rare. If the temperature should rise above 102°, a sponge bath or aconitine in the alkaloidal way will quickly combat it. Other symptoms should be treated pro-re-nata.

TREATMENT OF TYPHOID FEVER.

By John Albert Burnett, M. D., Dean Spring, Ark.

As typhoid fever is a very common disease, most all general practitioners are interested in the treatment of it. You can take up any journal which is a special number on the treatment of typhoid fever and will find that no two physicians treat it alike. Typhoid fever in my opinion, can not be aborted by drug treatment and it is a disease that does not require vigorous treatment. Drugs are very useful in the treatment of typhoid fever if they are properly used. In most all cases of typhoid fever, echinacea will be of value: when the skin is hot and dry, use asclepias with it and when the temperature is high use aconite with it. A good prescription is:

℞

Specific aconite .....gttsv.
Specific asclepias.
Specific echinacea a. a. ....ʒij.
Aqua, q. s., ad.....ʒiv.

Sig. Dose.—One teaspoonful every one, two or three hours. If there is much pain in the abdomen add two drachms of specific dioscorea to the above and if there is much nervousness add one or two drachms of the specific scutillaria. Most all physicians know the value of turpentine in the treatment of typhoid fever. It will prevent the mouth from becoming dry as well as prevent hemorrhage from the bowels and tympanites. In some cases it should be injected in the rectum. Bathing is very important in the treatment of typhoid fever when it is properly given, but can do much harm as well as all other good methods when not properly used. The head should be bathed in cold water in most all cases and in a large majority of cases the hands, feet, legs, thighs and arms should be bathed in hot water. The body should be bathed in cold water in sthenic patients and with warm water in asthenic patients. A little bicarbonate or chloride of sodium or soap can be used in the bath when desired or when needed. Recently it is strongly claimed that magnesium sulphate solution, one ounce to a pint of water, will relieve most all forms of pain and relieve fever. The free use of lemon juice in hot water, a teaspoonful of the juice to a teacupful of hot water is of much value. When the patient is weak and needs sustaining, myrica cerifera should be used. It should usually be combined with capsicum, especially when a stimulant is needed. In all cases where the patient needs sustaining, a stimulant needed, and the liver a little torpid, a combination of myrica cerifera, capsicum and chionanthus should be used. This combination makes a good tonic during convalescence. The heart should always receive due attention and cactus will be found to be a very valuable heart tonic. In the treatment of typhoid fever the patient should not be drugged too much, but the indicated remedies should be used in all cases. I am opposed to the "do nothing" method of treatment and such methods in any disease bring disrepute on the medical profession. I believe with the late Dr. C. E. Boynton, whom I have received several personal letters from, that the standard of the medical profession should be kept up by physicians instead of being taken down.

CASTOR OIL IN THE TOXEMIAS

By R. J. Smith, M. D., Smithfield, Utah.

Castor oil as a purgative is as old as the hills, our grandmother's friend, a remedy that usurps the practitioner's place in many communities, that brings baby safely and almost painlessly into the world, quiets him through infancy, carries him safely through the dangers of the second summer, and the eruptive diseases, makes a man of him and lets him down easy in the last stages of his journey toward "the dread unknown."

As a purgative it has stood the test of time and is without doubt one of the most efficient, most useful and non-irritative drugs in this field. It acts rapidly in large doses, affecting the small as well as the large intestine, emptying the whole length of the canal thoroughly and painlessly. It is anodyne in its action, relieving pain of inflammation or colic, does not irritate but prevents irritation. It has been used in tablespoonful doses daily for the cure of inveterate neuralgia. Its primary action here is the removal of autopoisonous material from the bowel. The cause of these intractable neuralgias is no doubt the absorption of toxic products of disordered metabolism and their removal is attended by a decrease in pain, and in time complete cessation of the trouble.

Administered previous to confinement, uterine pains are stronger but not so painful. The dilating parts are thoroughly relaxed and labor terminates rapidly. This result is not the only good following the dose of castor oil. A great many of the complications of childbirth are due to autotoxemia and are prevented by the timely use of this peerless remedy. In the gastrointestinal troubles of infancy and childhood, castor oil has no equal. It is soothing and healing in its action and rids the bowels of the exciting cause thoroughly and rapidly. In the infectious diseases, a daily dose of this oil prevents high temperature and shortens the course; the attack is milder and more readily kept under control.

In appendicitis, castor oil is much more reliable than olive oil, acting both as a lubricant and a laxative. It tends to prevent recurrence, lessens irritability of the bowel-mucosa, reduces congestion and relaxes spasm. In all cases of intestinal toxemia, it is indicated and may be preceded by an initial dose of calomel. Its use is followed by prompt amelioration of all the symptoms.

In typhoid fever, there is no other purgative equal to castor oil. The dose is that quantity which will move the bowels at least twice and is usually a tablespoonful, given early in the morning and repeated in twelve hours if temperature runs high. The high temperature, headache, nervous symptoms, extreme lassitude, are due solely to absorption of toxins from the intestinal canal, and the only logical treatment is the thorough daily removal of these toxins. The more of the toxins and germs removed, the milder will be the case, and the more often do we meet with the abortive type of cases. Eliminate these by twelve hour tablespoonful doses of castor oil. That is what the symptoms call for and in every case, there is less delirium, none at all if your bowel canal is emptied thoroughly, less difficulty in reducing temperature, less need of cold baths, or cold packs, cool sponging being all that is necessary, and the patient obtains more physiological rest. Tympanites does not occur, diarrhoea is prevented. There is lessened tissue waste and the patient reaches the convalescent period in a less emaciated condition. With the castor oil treatment I give the intestinal antiseptics. (sulphocarbolate of zinc, lime and soda), copper arsenite and often bismuth salicylate. The patient is given all the water that can be forced on him up to a gallon or more in twenty-four hours.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

CONSERVATIVE SURGERY.

The medical practitioner is frequently spoken of in a dispairing manner and is often excused and abused for his shortcomings and culpable negligence, sometimes in public, but more often in private, by his brother who is laboring in the narrow channel of specialism. We will admit that he is guilty, and will state in exculpation of this guilt that the field is and will always remain wider than the broad mind of the general practitioner.

As this is the day of the muckrake among the trades people, let us as men of medicine, in following up that high injunction of old viz., "Physician heal thyself," turn not only the small scalpel but the keen amputating knife upon our own professional body and cut from it root and branch, every morbid excresence. Dentistry, surgery, gynecology, et al are branches, or specialties of medicine.

In this brief paper we will mention a few dental ills and devote the remainder of our attention to the surgeon.

Since dentistry has been made a specialty of medicine it should live up to the teachings of the high and noble calling. Many of them, I dare say, the majority are uncleanly—using filthy instruments and rubber dams without any manner of disinfection, forgetting if they ever knew, that the blood may carry contagion after all the inflammatory phenomena of syphilis have disappeared. Syphilis is not the only infectious disease the dentist transmits; there is diphtheria, mumps, tetanus, scarlet fever, typhoid, and a host of other demons of destruction. I have known a dentist to use his forceps and other instruments forty times a day without any form of ablution whatever. This, perhaps, continued for twenty years. This man and many others are unworthy of the high calling of dentistry. Wouldn't you be willing to see every unworthy one kicked out of the profession rather than have a drop of syphilitic blood inoculated into the alveolar covering of either your wife's or your daughter's maxillary? He is a worse criminal than the murderer wearing stripes behind the bars, for the murderous pains and aches of the syphilitic are transmitted to the third and fourth generation. Just think of the dentist that has inoculated hundreds of innocent victims. Let us ever be ready to point the finger of shame at his inglorious alma mater until they can turn out men who are acquainted with cleanliness.

Surgery was born of ignorance. Man disobeying the natural laws of life and being unacquainted with nature, and the living organism in our midst sinned, and in bringing forth fruit for repentance has resorted to surgery. This resort is well and good, but there are many vegetable and mineral remedies now in existence and many yet to be discovered which united with obedience to nature's laws will rob surgery of all of her modern and pristine glory. Surgery claims to be coeval with medicine dating back to the earliest periods of the human race. One of the first surgical operations recorded was that of circumsicion, an operation for cleanliness. Three thousand and ninety years ago, Podalivius, the first bleeder, opened the veins of the arm of the daughter of the king of Caria and received her hand in marriage as his recompense. From that day down to George Wash-

ington's death, the surgeons bled many to death and charged accordingly. I will not mention the many worthy and glorious achievements and the bountiful charity of its many noble hearts. It has taught us of the living spirit of "Cleanliness is next to Godliness." The modern product is growing bombastic and it, the branch, deems itself greater than the body, general medicine. The pot is not greater than the potter, neither can the moonlight obscure that of the sun. It is the evils and the evil men that have sneaked into the profession that we wish to apply the cautery to—men who place the glitter of the auriferous dust above the brotherhood of man—men whose non-ethical ways and whose dishonesty in their dealings with mankind make them a stench in the nostrils of all worthy men of the profession. The surgeon who willfully goes after a healthy ovary when the cervix alone is involved; the man who goes after a healthy appendix when constipation alone is the symptom; the man who performs a nephrotomy when cystitis alone exists and many other similar operations, is a demon of the darkest hue and a murderer from the beginning. We have these mephitical parasites in many of our towns and all of our largest cities. You know them well, then, why don't you expose them? You being cognizant of their evil deeds and your do-nothing and say-nothing policy makes you a particeps criminis. Waken up, you honest men of the profession, and drive these human hyenas from our midst. They defile the temple of the Holy Ghost, cut and devour bone and sinew, rip open abdomens and tread on holy ground, when they know a mind is morbid and the disease is remote. We are only given one material body. Why then permit the false agents of Podalirius to mar the holy temple of a deluded human being. These greedy hounds who are ever sniffing the air for gold, will, with the least provocation, mar the linea alba of a beautiful venus, cut and slash the clitoris or hymen of a tender and innocent virgin. You, who have cut into one hundred human temples unnecessarily and lost two of them, are a murderer twice, a villian and a thief one hundred times. Have human souls and tender hearts become so worthless that we will stand by and see fiends incarnate purchase them with the price of gold.

The conscientious and true surgeon will treat his patient the same as though it were one of his dear ones in the hands of another brother. He knows the golden rule. I call upon all honest men of the profession, in the name of suffering humanity, to aid, with drastic measures, at every opportunity, in getting rid of the ravenous wolves of our profession.

Illustration No. 1. Mr. E., aged 42, white, fair complexion, nervous disposition, medium weight and height, no dyscrasia, was seized one evening after supper with what I diagnosed as gastro-intestinal colic. Under treatment he made a rapid, uneventful recovery. He gave a history of having had several attacks years previously, and was now laboring under the impression that he should be operated on for something. I advised against it as being totally uncalled for. He presented himself to one of the chief surgeons of Minneapolis, who, upon seeing the prospect of gold dust, diagnosed gallstones and operated for the same, finding a good, healthy liver and gall bladder. This patient's life was jeopardized and his abdomen rendered defective for the love of greed.

Illustration No. 2. Mrs. S., was 44 years of age, enjoyed good health and happiness until the summer of 1905 when indigestion (?) forced her to be taken to their family physician by her banker husband. Her physician diagnosed gastric ulcer and advised treatment for same. As some of our local surgeons have been trying to popularize

a resort to the knife for this gastric affection she fell into their hands and underwent a brilliant operation. She did well after the operation—was making a good recovery, but couldn't keep from crossing the river styx on the fourth day.

Any physician who has treated many of these cases knows that they heal readily under medical treatment and judicious management. Why then, will some surgeons permit themselves to be lured on by a golden spector or a will-o-the-wisp fad until they sink into the grave with hands stained with human blood? The conscientious surgeon deserves honor and glory; he knows when to lift the knife; when to stay the hand; but fools and thieves rush through bloody portals where wise men and angels dare not tread.

W. Stuart Leech, M. D.,
Brooten, Minn.

HYDROGEN PEROXIDE IN MEMBRANOUS CROUP.

The June number of The Recorder contained a very valuable article by Dr. Geo. H. Chandler, of Chicago, entitled "Peroxide of Hydrogen Injections in Membranous Croup." The letter below shows how the article helped one of our subscribers. One important thing in using this treatment is to use only hydrogen peroxide of superior quality:

June 17th, 1906.

George H. Chandler, M. D., Chicago.

My Dear Sir: I write to inform you that your article in the June number of the "Wisconsin Medical Recorder," page 187, came to me as a God send. On last Sunday afternoon I had a case of diphtheria that had resisted all treatment, even two doses of Mulford's antitoxin. We had dispared of the child's life to the extent that we did not expect it to live three hours. As a last effort I used your treatment as given in the article referred to above and to the astonishment of all who saw the child, it breathed better within thirty minutes and by five o'clock Monday morning it was bright enough to offer to play with its brother. I kept the treatment up at intervals of half hour all night. Since then I have given it internally, half teaspoonful doses of the peroxide of hydrogen with as much of glycerine, dose every two hours during the night, and every hour during the day. This noon the child is up playing with the mother's watch. I thank you from my heart for the prescription. You did not know last Sunday afternoon that you were treating a patient in Tennesse. Such was the case. And without it there would have been a funeral in Tennessee on Monday sure.

I beg to remain yours very gratefully, A. T. Newman,

Jellico, Tenn.

P. S.—I have treated two others since Sunday with the same happy results.

PHYSICIANS' FEES FOR EXAMINATIONS FOR LIFE INSURANCE COMPANIES IN THE PROVINCE OF QUEBEC.

A few years ago, most all the life insurance companies of North America, used to pay to physicians, $5.00 per examination. Since the recent inquiries about the administration of the companies, which has shown wasting, and lots of enormous wrong expenses, etc., the companies, having decided to economize, began by cutting down the physicians' fees to $3.00.

Actually, a considerable work is going on, in the province of Quebec, against this decision of the insurance companies. About a year ago, the medical association of the districe of Joliette, adopted to unanimity, the following resolutions:

"Any physicians of this district will not make any examination for the insurance companies for less than $5.00,

and for the Mutual Seccour Society, less than $2.00.'' And nine medical associations, which cover mostly all the province of Quebec, have adopted resolutions alike.

These medical associations are: Sherbrooke Medical Society, Wolfe Medical Society, Beauce Medical Society, Portneuf Medical Society, Terrebonne Medical Society, Shefford Medical Society, Chicoutimi Medical Society, Lac St. Jean Medical Society, and Three Rivers Medical Society. The ''French Language Physicians' Congress,'' held at Three Rivers, on the 26, 27, 28 of June last, 1906, examined that question and adopted resolutions to support the movement begun by the associations. Even more, the Board of Governors of the College of Physicians and Surgeons of the province of Quebec, seized that question at the assembly of the 4th of July, 1906, and postponed its study to September next.

ALBERT LAURENDEAU, M. D.,
Med. Asso. Dir. of Joliette, P. Q.

PRACTICAL PARAGRAPHS.

The heading, ''Typhoid Fever,'' looks as common in medicine journals these days as the escapedes of the Smiths and Browns in a local newspaper. The treatment of the average case of typhoid is easy enough. It is the bad cases that try one's patience and skill. If the case comes under the physician's care early enough, the management of it is likely to be comparatively easy. Water, internally and externally, plenty of nourishment of suitable character, abundant sleep, small doses of calomel and salts to keep secretions active—this on the whole, constitutes good, conservative treatment. If there are indications of hemorrhage or tympanites, or a dry, brown tongue, turpentine internally, locally and by enema is an excellent remedy. In cases of hyperpyrexia I have found that a colonic flushing is very effective. As an antipyretic in average cases, sponging with tepid water is the best routine measure. A little vinegar added to the water makes it more efficacious.

Nervousness and neurotic ailments are becoming more common in number and of greater intensity. Money-getting, fast living, insufficient sleep, excessive use of alcohol, coffee and tobacco, all of these and many more account for some of the neuroses we daily meet. Autoxaemia causes many nervous and reflex conditions. The ubiqutious headache is a familiar example. A little calomel and cascara sagrada may clear up some cases. Neurilla in teaspoonful doses is an excellent nerve-calmative and leaves no bad after effects as so many sedatives do. Recently I had a case of a cigarette fiend with symptoms bordering on insanity. Neurilla proved curative in his case in a few days.

Cases of poison from oak or ivy should be treated early with applications of sweet spirits of nitre and lime water, equal parts. The nitre is the nearest a specific we have for this troublesome affection. The manager of a large greenhouse states that it is always kept on hand to be ready for use in case poisoning occurs among the employes. Long experience had taught them the efficacy of the drug.

The general practitioner meets with severe burns rather seldom, but when he does he is usually rather unprepared. The old linseed oil and lime water is a good if not esthetic application. The best thing is a saturated solution of picric acid in alcohol. It should have a place in the emergency bag. Where the surface is denuded and serum exuding, pure carbolic acid may be lightly painted over it with a feather. The acid unites with the serum, forming an insoluble coating,

excluding the air and relieving the pain. The acid should be applied only to a raw surface, the reason being at once apparent. Should healthy tissue be touched or the acid be applied where it is not desired, the immediate application of alcohol will neutralize it.

The young physician would better not attempt anything but the picric acid in treating burns. It is considered by able physicians to be the best one remedy we have for this painful and often fatal condition.

W. T. Marrs, M. D.,
Peoria Heights, Ill.

GRAY POWDER AND DOVERS POWDER IN THE TREATMENT OF SUMMER COMPLAINT OF CHILDREN AND IN THE TREATMENT OF SYPHILIS.

In the treatment of summer complaint of children, gray powder is of much value. It will arouse the liver and clean a coated tongue and in all cases that I have ever met the liver needs arousing. It will control a diarrhoea that is caused by a torpid liver if the diarrhoea is not so bad that it demands temporary checking so that it will not completely exhaust the patient. When this is the case, Dover's powder should be added, and in cases where there is not much biliousness or when there is much "belly ache," the Dover's powder should be added. Its action on the skin is desirable in many cases. Of course the Dover's powder should be given in small doses to children and in very small doses if not well tolerated. Most physicians give too much and cause nausea; this should be avoided in all cases. In debilitated subjects or when there is a malarial complication, small doses of quinine should be added to the gray and Dover's powder, or the bisulphate of quinine used locally over the bowels and on the insides of the thighs. If the stomach is irritated the quinine should always be used locally. It is very soluble and can be mixed with water, lard or other things. A very good thing is hot goose oil, as the goose oil is very penetrating and will soon carry the quinine in; besides the goose oil is very nutritive and will answer in place of cod liver oil and can be used externally, a point worth remembering when cod liver oil is indicated for children as well as for many adults. I will quote the following from the March, (1906) New Albany Medical Herald, which appears on page sixty-two under the title of "The Treatment of Syphilis," which I consider very instructive and very interesting:

"Jonathan Hutchison, (practitioner) gives a brief outline of the treatment given his luetic patients during the first year of the disease. Medication should never be begun until the character of the initial sore has been definitely determined. A pill containing one grain each of gray powder and Dover's powder is then prescribed, to be taken three times a day after eating, and if within a few days no diarrhoea ensues, the dose is increased to four, five or six pills at separate intervals during the day. In debilitated subjects one grain of quinine is added to each pill. All fruits, green veretables, and soups are interdicted and an alum mouth wash to guard against ptyalism. While the patient is allowed to continue his employment, a large amount of rest in bed is advised and no intermission during the treatment, during the first year, is permitted." As a rule, Hutchison states that the iodides are to be avoided during the early stages of syphilis, but when extensive ulceration is present, iodide of potassium may be given in solution in conjunction with the pill of gray powder, which causes better effect than is obtained from the single administration of the iodide of

mercury. It is stated, however, that under a faithful performance of the treatment originally laid down, manifestations of the disease in the throat or on the skin, are extremely rare."

Gray powder is a mild preparation of mercury and when an alternative is needed it can be alternated with iodide of potassium with good results. I would prefer to alternate it in place of mixing them. I am of the opinion that it is always better to alternate bichloride of mercury with potassium iodide in place of mixing them as is usually the case. When they are mixed they undergo a chemical change. In most cases when an alterative and tonic is needed, give gray powder in alternation with potassium iodide and use quinine bisulphate locally.

J. A. Burnett, M. D.,
Dean Spring, Arkansas.

PHYSICIANS AND LAY EDITORS.

If any one will take the trouble to look over newspapers published in larger towns like Seattle, San Francisco and Los Angeles, they will find in them the ads. of quacks, but not the cards of reputable physicians. Going eastward he will find that reputable physicians rarely put their cards even in the local papers of the small towns. Westward, newspapers are published in villages that call themselves cities while in the east and middle states towns five times as large would think a local paper for such a small population ridiculous.

It is evident then, that the local papers of small western cities must advertise nearly everything there is to pay expenses, and as for news, why the editor must hunt for items very small and make the most of ridiculously limited material. If a western M. D. of a small town does not support the local paper with a card, the editor can hardly be expected to feel friendly towards him. Therefore, local doctors of little towns in the west, fear an editor and so buy card space in his paper. Of course, to get a subscription list the paper must have its items and the smallness of the business of constructing these has, we believe, a belittling effect upon the poor editor. A man, to continue to be a man, must not think of all the small sins and mistakes of his fellow men. He must be above that.

Real men will silence one who comes to them with a mind full of twaddle and gossip; of "tainted" hearsay about a neighbor. Mr. Editor must be all ears for his hotchpoch of fact and anti-fact. When some one is sick or hurt and would rather not have it made town talk, the editor goes to the doctor, or the doctor goes to the editor and tells all there is safe to tell. Once the doctor gets into this disgusting habit and his reports are apt to savor of self-glorification, and the editor encourages all this until it has looked as if the editor and the doctor, like the editor and the quack, are so to speak—partners. Personally, the writer reasoning as above, has always been on the wrong side of the local editor, with perhaps one or two exceptions, which don't count considering his practice has been in ten or twelve towns during the past seventeen years. If an editor is at all manly he will not use his paper to abuse a physician whom he knows can not answer back, but the degrading effect of dealing with quacks and poking himself into other peoples' business to get items, sometimes wilts all the manhood out of a poor, struggling cross-roads editor. He might even report that his best friend came home drunk and kicked the stove over if the friend happened to be so unfortunate. In short, the poor little editor becomes the "Prince of Tattlers."

C. E. Boynton, M. D.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

THE LEGAL STATUS.

The Recorder has been among the first medical journals to recognize and point out the difficulties and abuses arising from modern medical registration laws and call for such modifications as would bring relief from the unintended injuries inflicted by them upon our profession. This demand has become universal in the United States and led to what in known as the movement for reciprocity. From time to time we have reported the progress of the movement and also made occasional suggestions. It is questionable whether the measures advocated by us were always altogether practical or judicious, for there seems to exist in the medical mind a good deal of uncertainty and confusion as to what can really be accomplished by reciprocity and how far it can go under existing constitutional provisions. We are, therefore, very thankful to Dr. James A. Egan, secretary of the Illinois Board of Health, for telling us through an address before the last meeting of the Illinois State Medical Society, just what the legal status of reciprocity is. The matter is so important and his paper so excellent and exhaustive that we will try to give to our readers its salient points.

The point of pronounced importance and indeed the key to the whole situation, is the proof that it is futile to look forward to or propose national medical legislation, for the very good reason that it would be contrary to the constitution of the United States. Our national government has only such powers as were surrendered to it by the different states out of their own sovereignty, before the federal constitution was adopted in 1789. All powers not so ceded are retained by the several states, as set forth clearly by this amendment to the constitution: "The powers not delegated to the United States by the constitution, nor prohibited by it to the states, are reserved to the states respectively or to the people." That is fundamental and not subject to discussion or interpretation. One of the powers thus retained is what is known as the police power of the state. This has been defined by the supreme court of the United States to include everything essential to the public safety, health and morals. Dr. Egan quotes in full several such rulings by the same court of last resort and concurrent opinions by various state supreme courts, all agreeing that the right to make laws concerning the practice of medicine within its borders belongs to each individual state. There is no getting around this—it is evidently the constitutional law of the land. Hence it is obvious that all those measures frequently proposed by medical men asking for direct or indirect control of medical legislation by the federal government, are unconstitutional and therefore worthless. (Under a strict construction of the constitution then the much desired creation of a medical cabinet officer would also be inadvisable..—Ed.)

The suggestion of a voluntary national board of examiners whose licenses were to be accepted by the several states, found much favor a while ago. But such a board would be without any authority, whatever, and the different state boards would have no legal right to delegate any of their powers to an inofficial board outside of their own state. No plan which contemplates

placing the control and regulation of medical practice into the hands of the federal government could become operative without an amendment of the constitution of the United States. It requires a two-thirds majority of both houses of congress and later ratification by the legislatures of three-fourths of all the states to obtain one. It is utterly out of the question to expect that, in order to afford a certain small relief to physicians, a comparatively insignificant part of the population, the people would consent to surrender to the central government powers which they have always jealously guarded.

It is a favorite notion of physicians that the right to practice medicine is one of the constitutional rights of citizenship and that the restrictions imposed by state laws are an infringement of the individual freedom guaranteed by the constitution. Dr. Mayo, in his presidential address before the A. M. A., takes the same ground. But Dr. Egan shows that this is a misconception by quoting several opinions of the United States supreme court, and the following by Judge Cooley, an eminent authority:

"No one has any right to practice law or medicine except under the regulations the state may prescribe. To practice in the courts or to practice medicine is not a privilege of citizenship and is, therefore, neither given nor protected by or under the Civic Rights Act of Congress, or the new amendments to the constitution. The privilege may be given to one citizen and denied to the other and other discriminations equally as arbitrary may doubtless be established."

It results from all this that medical reciprocity is legally possible only along the lines along which it has been developed of late, namely by agreement between licensing boards and modification of the laws of the different states so as to permit the acceptance of licenses from other states having the same educational standard. The only really valid objection to present registration laws, namely the hardships they impose on older physicians who have to move to another state, is fairly met by the plan adopted by the Illinois state board which allows them a credit of five per cent on the required seventy-five per cent of successful answers for each five years they have been in active practice. Such is then, in brief, the present legal status of medical reciprocity. But the late congress, acting under irresistible impulse, furnished by the president, has greatly enlarged the powers of the central government, more or less straining the constitution in so doing. However, politicians and strict constructionists may frown and oppose, the people approve, for new conditions have arisen which demand new treatment and which the constitution is no longer able to meet. Such a measure as the pure food bill, having its justification in the needed protection of public health, involves certainly encroachment of the police power of the states as defined by the supreme court. The further development of this tendency may eventually lead to the creation of a national board of health. But such a one would hardly concern itself with medical registration, for the matter, though very important to us physicians, is of very little moment to the people.

ARE THERE TOO MANY DOCTORS?

Most of us will unhesitatingly answer yes! Medical registration laws, ostensibly demanded of legislatures for the protection of the public and incidentally designed and managed so as to restrict the number of physicians, have not accomplished the latter result. The medical colleges of our country graduated last year 5,500 students; 2,300 doctors died during the year. An increase of about 2,200, to which must be added the many foreign physicians who come into the country annually. This is the increase going on year after year, giv-

ing rise to the many ills and degrading the profession. Take this example: In a small village were two physicians, one an elderly man whose failing health allowed him to do only a limited amount of work. He died recently and within a month after his death there settled in the place two young, active doctors. Where there was work, say for one and a half man, there are now three to do it. It is not difficult to foresee the result. And the remedy? We can see only one—doctors must dissuade young men from entering the overcrowded profession.

CRITICISING THE CITY DOCTOR.

A country doctor writes to an exchange from New York, where he has gone to visit clinics, among other things: "We sit on the benches and listen to many statements which we know are not so, and simply swallow and say nothing, for who are we but country doctors? We see surgical sins repeated day after day which would and should be ground for malpractice suits were the facts known to the patients and their friends. I have noted these errors, and by the most advertised men in the profession of New York at that. Take out the hospital staff men of New York and the medical men of the city will not average so well as their country brethren."

Rather sharp criticism, this, but in the main just, we believe.

AMERICAN ONCOLOGIC HOSPITAL; FIRST ANNUAL REPORT

Every contribution to the knowledge of malignant tumors and their treatment is of interest, as the increase of cancerous disease, attested by the experience of physicians and the data of vital statistics, goes on at an alarming rate in every civilized country. The American Oncologic Hospital of Philadelphia, (the term oncology means science of tumors) may in time to come furnish much valuable information, for it was founded for the study of the cause, treatment and prevention of cancer and other tumors and the treatment and care of persons affected with cancer and other tumors, and has a very able medical staff. Its first annual report, which lies before us, is necessarily meager. However, it contains a remarkably clear, brief resume of the cancer question, its problems and certainties, which every practitioner might well use for the instruction of his patients. The treatment mostly favored at the hospital during its first year, is that by cataphoresis, under Dr. G. Betton Massey, the well known electro-therapeutist. The method consists in the electrical dissolving of zinc needles coated with metallic mercury, connected with the positive pole of a constant current of electricity and inserted within the periphery of the growth. The growth is electrolized by the current and the released oxygen and chlorine attack the zinc mercury needles, dissolving and ionizing them, the zinc and mercury ions being radiated from the electrodes through all portions of the growth, devitalizing and sterilizing the whole. This result is usually accomplished in a time varying from thirty minutes to two hours, under general anesthesia, though additional applications may be subsequently necessary to reach all portions of the local growth.

The number of cases so treated, (sixty-four out of a total of one hundred and three) is too small and the time too short to allow the forming of valid conclusions. There is undoubtedly a growing demand for special institutions of this kind and we anticipate that future reports from this hospital will establish themselves as valued contributions to the knowledge of cancer.

The editor of Medicine says the profession would be benefited if every medical college were closed for a year.

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY
J. P. THORNE, M. D.
JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:
$1.00 Per Year in Advance; Single Copies, 10 Cts
In the United States, Canada and Mexico.
Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 9 AUGUST, 1906 No. 8

EDITORIAL NOTES.

Dr. Josiah Strong, president of the American Institute of Social Service, stated recently that a prominent contractor told him that the killing of workingmen is cheaper than would be the cost of their protection and that an average of nine men a day are killed in New York City by easily preventable accidents.

It is a common occurance for the water guages on locomotives to break and the pieces of glass are thrown violently into the faces of engineers, often injuring their eyes. These accidents are easily preventable if the railroad companies would enclose the water gauges with wire gauze. If this matter received more attention, doubtless the railroads would remedy it.

Dr. W. A. Pusey of Chicago, has been trying the treatment for cancer by injection of trypsin as suggested by Dr. Beard, of Edinburgh. He has reported to Journal A. M. A., seven cases in which the treatment was used. Distinct benefit has resulted in one case but in the other patients, cachexia has developed and failure has been more rapid than before.

It has become popular to condemn acetanilid and all the similar coal tar derivatives, but this is unwarranted. These coal tar derivatives are valuable additions to our materia medica and properly used are valuable agents. Because they have been improperly used they should not be condemned. Nearly every drug of any power and value can be misused. Many of our most valuable therapeutic agents, if used as carelessly as these coal tar products have been, would have produced disastrous results.

It appears that some of the medical journals which are criticising the advertising pages of their contemporaries are doing so, not because they are so anxious for a high ethical standard, but because they expect to obtain business by throwing mud at the others. A journal carrying the advertisement of a preparation advertised in the newspapers all over the country, "to overcome habitual constipation permanently, to dispel colds and headaches, to prevent fevers," certainly is not in a position to criticise the other journals. When a journal has its own advertising pages above criticism then it can talk about the others, with propriety.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

CHRISTIANITY AND SEX PROBLEMS. By Hugh Northcote, M. A. Crown Octavo. Pages 257. Bound in Extra Cloth. Price, $2.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia, Pa.

This work is a study of the psychology of sex and discusses many practical questions in a judicial and well balanced manner. It may be considered a continuation of the studies of Havelock Ellis, who is often quoted. The importance of the subject is evident and many difficult problems are presented from the standpoint of Christian morals. Some idea of the volume may be obtained from the titles of some of the chapters: The Battle of Chastity in the Adult, Spiritual Sexual Love, Sexual in Art, On the Nature of Ethics of Impure Language, Sexual Perversions, The Gospel and Sex Relations, Fornication, Modesty, Divorce, Sexuality in Childhood, The Mixing of the Sexes in Schools and Institutions, Impure Language. Those wishing to pursue the scientific study of sex problems will find the book very satisfactory.

A COMPEND OF OPERATIVE GYNECOLOGY. Based on Lectures in the Course of Operative Gynecology on the Cadaver at the New York Post-Graduate Medical School and Hospital. Delivered by William Seaman Bainbridge, M. D., Adjunct Professor of Operative Gynecology on the Cadaver, New York Post-Graduate Medical School and Hospital; Consulting Gynecologist, St. Mary's Hospital, Jamaica, L. I.; Consulting Gynecologist to St. Andrew's Convalescent Hospital, New York, etc. Compiled with Additional Notes, in Collaboration with Harold D. Meeker, M. D., Instructor in Operative Gynecology, Vanderbilt Clinic, College of Physicians and Surgeons, New York. Pages 76. Cloth. Price $1.00 net. The Grafton Press, New York City.

This work, while particularly suited to the needs of post-graduate students operating on the cadaver, will be found of distinct value to the busy gynecologist. All gynecological operations of merit, with their latest modifications, are described concisely, but with sufficient detail to make the work decidedly practical. A number of original points of worth in the operative technic are embodied in the text.

A distinctive feature is the chapter on Exploration of the Viscera. Considering the gynecologist as an abdominal surgeon who should be able to cope with any intra-abdominal condition which may be encountered, the normal appearance and relations of abdominal viscera are briefly described in order to facilitate the familiarity essential to successful surgery.

In the chapter on Miscellaneous Points are many admirable suggestions of a practical nature which are timely and valuable.

The work is based on Dr. Bainbridge's lectures given in the course of Operative Gynecology on the Cadaver at the New York Post-Graduate Medical School and Hospital, which so many practitioners have attended with profit.

It is a book that can be recommended.

SURGICAL SUGGESTIONS. Practical Brevities in Surgical Diagnosis and Treatment. By Walter M. Brickner, M. D., Chief of Surgical Department, Mount Sinai Hospital Dispensary, New York; Editor, American Journal of Surgery, and Eli Moschcowitz, M. D., Assistant Physician, Mount

Sinai Hospital Dispensary, New York; Editorial Associate, American Journal of Surgery. Duodecimo. Pages 60. Cloth, 50 cents. 1906. Surgery Publishing Co., New York.

This little book is most novel, not only on account of the many original terse and epigrammatic practical suggestions given, but its general appearance and attractive form. It contains two hundred and fifty suggestions grouped under proper headings and its contents is carefully indexed. While some of the items are familiar to the practical surgeon, they are presented in a manner that will impress them on the reader's memory. The book is bound in heavy cloth, stamped in gold, and the text is printed upon India tint paper with marginal headings in red. This book will be much appreciated by the general practitioner, not alone on account of the value of its contents, but as an artistic bit of book making.

THE PRACTICAL MEDICINE SERIES. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery, Under the General Editorial Charge of Gustavus P. Head, M. D., Professor of Larnygology and Rhinology, Chicago Post - Graduate Medical School. Vol. III. The Eye, Ear, Nose and Throat. Edited by Casey A. Wood, M. D., C. L., A. H. Andrews, M. D., Gustavus P. Head, M. D. Series 1906. Pages 368. Cloth. Illustrated. Price $1.50. Price of the Ten Volumes $10,00. The Year Book Publishers, 40 Dearborn St., Chicago.

Every practitioner who does any eye, ear, nose or throat work, will find this book of great value. The editors have carefully compiled, from the year's literature, a large amount of practical matter. The book gives a resume of the latest and best in treatment with comments by the editors. During the past year considerable valuable literature on these specialties has been published, which is abstracted in this volume. The book contains fifty illustrations and sixteen half-tone and colored plated. Physicians who do not wish the whole series may buy this volume separately.

SUMMARY OF THE ARCHEOLOGY OF EASTERN SAUK COUNTY, WISCONSIN. By A. B. Stout, Vice-President of the Wisconsin Archeological Society. Illustrated. Paper. Pages 70. Published by the Wisconsin Archeological Society.

This work by Prof. Stout is a valuable contribution to the literature of the subject. Prof. Stout is an enthusiastic scientist who has devoted much time to the research necessary to produce this work. A total of seven hundred and thirty-four Indian mounds are listed and none are included whose existence is not fully established. Of the effigies whose shapes are definitely known there are forty-three birds, forty-seven bears and twelve elk. More than three hundred of the mounds are now leveled, while one hundred and ninety-eight mounds still remain intact. Complete descriptions of the mounds and their contents are given. The work is freely illustrated with plates and figures.

ABBOTT'S ALKALOIDAL DIGEST.—A Brief Description of the Therapeutics of Some of the Principal Alkaloidal Medicaments and other Success-Makers With Suggestions for their Clinical Application. By W. C. Abbott, M. D., Editor of The American Journal of Clinical Medicine. Pages 268. The Clinical Publishing Co., Chicago.

This is a new edition of a work which Dr. Abbott first wrote in response to many inquiries coming to him regarding the therapeutic properties and clinical applications of the alkaloidal preparations. Part I of the book is de-

voted to "Therapeutics in Brief: Part II is on "The Clinical Application of Alkalometric Remedies"; Part III. is "The Alkalometric Primer," and tells how to begin the practice of alkalometry. The book contains a large amount of practical information which can be readily found by means of the complete index. Those of our readers who are interested in the subject may obtain a copy free by addressing Dr. Abbott.

BOOK NOTES.

A distinction of no mean degree has been conferred upon an American book, the joint authorship of Drs. J. Madison Taylor and William H. Wells. The revised second edition of their treatise on "Diseases of Children," published by P. Blakiston's Son & Co., of Philadelphia, has been translated into Italian by Dr. Mario Flamimi, of the Pediatric Clinic of Rome, with contributions by Prof. Concetti and Dr. Valagussa. The translation has proven very popular abroad, and the occasion is one of felicitation, not only to the authors but to American medicine generally, inasmuch as the work was chosen as being especially adapted to clinical teaching in Italy. Few American books have attained such honor. Its success abroad is but a repitition of the favor which it enjoys here.

Ten short stories, all of the first quality, are included in that remarkable "fiction number," the August Everybody's. Everybody knows, however, that the world is full of facts almost more interesting than any the story-writers can devise. In this month's instalment of "Soldiers of the Common Good," for instance, Charles Edward Russell continues his searching studies of foreign nations and institutions with a second article on Japan. In his third article on "Bucket-Shop Sharks," Merrill A. Teague brilliantly carries out the promise of his earlier papers, and makes a detailed exposure of robbers and their methods. Do you know what a "Muck-Raker" really is? Thomas W. Lawson will tell you, in his contribution to this number, in an article filled with adroitly made points and exuberant good humor. A notable midsummer contribution is George Gibb's six drawings, in color, of "The Mermaid." These are among the most effective and pleasing reproductions of the year.

The summer number of The Quarterly Journal of Inebriety is a particularly notable issue of this always interesting and valuable publication. It has been greatly enlarged and its typographical appearance is exceptionally attractive. Among the leading articles in this number are: "The Relation of Alcohol to Tuberculosis," by J. W. Grosvenor, M. D.; "Physiological Action of Tea as a Beverage," by Sir Lander Brunton, M. D.; "Morbid Predisposing Causes of Dipsomania," by W. L. Howard, M. D.; "Reflexes from the Eye in Narcosomania," by T. H. Evans, M. D.; "The Alcohol Cult," by John Madden, M. D.: "Comparison of the Effects of Alcohol and Opium," by W. H. Park, M. D., and two articles by the editor, Dr. T. D. Crothers, on "Unrecognized Toxic Insanities," and "Farmfield Reformatory for Inebriate Women."

The August issue of The American Magazine, formerly Leslie's Monthly, is the annual fiction number. Some of the contents are: "The Derelicts," a story, by L. Frank Tooker; "Stoveheter and the Birds of Paradise," a story, by Harrison Jewell Holt; "Where Skill Matches the Danger," a series of photographs, by Julian A. Dimock: "The Strength of Hera Boyd," a story, by Harriet Gaylord; "The Mystery," a novel of adventure, by Stewart Sdward White and Samuel Hopkins Adams; "Ivanhoe and the German Measles," a story, by Dorothy Canfield;

"The Judgment of Daniel," a story, by Henry Milner Rideout; "A Gas Tale of Two Cities," the story of gas in the cities of Indianapolis and New York, by Sherman Morse; "The Single Woman's Problem," contributions by Dorothy Canfield, Mrs. L. H. Harris, Charlotte Perkins Gilman and Mary Schenck Woolman; "Confessions of a Life Insurance Solicitor—II.," by William McMahon. The number is profusely illustrated in black and white and colors.

A leading article in McClure's Magazine for August is "The Story of Montana," by C. P. Connolly, which is the first of a series of articles giving the exciting history of the state. In the series of the reminiscent articles this month by Carl Schurz, this month's installment gives his impression of the great French actress, Rachel. Burton J. Hendrick continues "The Story of Life Insurance." McClure's Magazine has always early recognized new discoveries in science and obtained authentic articles on such discoveries. This number contains "Cancer—Can it be Cured?" by C. W. Sallby, M. D., F. R. S., (Edin.), devoted to the treatment of cancer by trypsen by the method originated by Dr. John Beard, of the University of Edinburgh. While there may be virtue in this treatment, yet not enough clinical data have yet been collected to demonstrate its value. "A Soul Above Buttons" is a delightful little story of child life of the New York Ghetto, by Myra Kelly. The "Robin Goodfellow" stories by Rudyard Kipling are continued in this issue. Other good stories and many illustrations, some colored, make up a good number of this excellent magazine.

The World Today, for August, is filled with instructive articles. Grant Foreman contributes an illustrated article, "The New State of Oklahoma," giving information of especial interest. Frederic Austin Ogg, of Harvard University, furnishes an article which gives a clear presentation of the evils of immigration, "What an Immigrant Inspector Found in Europe." "A Holiday in Tahiti," is an entertaining, illustrated article on an interesting country. "New York's City of Play," by Robert W. Veal is an illustrated article on Coney Island. "Cobalt, the Silver Land," by Geo. L. Strykes, tells about the richest undeveloped country in the world. Some of the other leading articles are: "Sculpture for Municipal Decoration (illustrated), by Lena M. McCauley; "The Work of the Anti-Saloon League," by W. Frank McClure; "The Making of a Socialist," by William Hard; "Gregory Maxime," by Foster Gilroy; "A Year at Panama Under Stevens (with portrait), by C. H. Forbes-Lindsay; "Farming Without Water (illustrated), by J. L. Donahue; "Philadelphia After a Year of Reform," by Clinton Rogers Woodruff; "An American Field Hospital (illustrated), by E. I. Farrington; "The Congressional Record," by Donald Wilhelm; "Washington's Colored Settlement," by R. W. Buell; "Farming on Vacant City Lots" (illustrated), by Annie E. S. Beard; "How Indianapolis Cares for Her Sick Children" (illustrated), by Charles S. Grout; "Denmark's Care of the Aged Poor," by Helen Campbell. The World To-Day is $1.50 per year, but it is the equal of any of the three dollar magazines.

Dr. Nicholas Senn has returned from his trip to Africa where he made a study of the customs and conditions of the natives. He found that the natives living the "simple life" were exempt from cancer.

A woman was complaining to Dr. Osler that providence had seen fit to take her little child, when the doctor interrupted her with the remark, "Providence had nothing to do with it; it was dirty milk."

MEDICAL PROGRESS

By E. S McKEE, M. D., Cincinnati, Ohio. Lecturer on Clinical Gynecology, Medical College of Ohio University, Cincinnati

Camphor and Caffeine Hypodermi-ally. Claret (La Presse Medicale) as found the following formula very ood for the hypodermic use of caffeine: ℞—Caffeine, sodium, salicylate of each r iv or 0.25, distilled water 15 minims r 1.00. Mix thoroughly and add spir-ts of camphor (10 per cent) 15 minims r 1.00. This formula will remain clear or a long time.

* * *

Insomnia in Acute Insanity. Brower, hicago, at the congress at Lisbon, ecommended the following: ℞, Ve-onal, gr. xl or 2.75; codeinae phos-hatis, gr. iv or 0.24; M fiat pulveres no iii. S. One at bed time. Hyoscyamine ydrobromate will produce the same esult in other cases and not infre-uently the three drugs may be com-ined in the same prescription with reat advantage.

* * *

A Page in a Period. An esteemed riter in an exchange, who is noted for is terseness of diction, waxed very arnest in his plea for the curtailment f venereal diseases, referred to Four-ier's statistics "embracing women rom every walk of life." He certain-y could not have epitomized the eti-logy of venereal diseases in any more oncise and comprehensive a form than he sentence just quoted.

* * *

Palpation in a Hot Bath. Those who ave tried it are enthusiastic about the mount of information obtained by the atient in a hot bath during palpation, he temperature being gradually raised o 105 degrees, F. There is generally s much relaxation secured as under n anesthetic, sometimes more. In ad-dition to the avoidance of the dangers and disagreeable features of a narcosis, the patient is able to call the exam-iner'r attention to sensitive areas.

* * *

Epsom Salts as a Beautifier. The use of this salt for the external as well as the internal bath is now quite gen-erally recommended by many physi-cians. This is not entirely new but ep-som salts are now more than ever be-fore recognized as a remedial force in cases of skin eruptions and irritating surfaces. It is also highly recommended by those who have tried it to soften the skin and improve the complexion.

* * *

Headache Remedy in Liquid Form. Some people will insist on having their medicines in liquid, some in solid, and some in pill form. The following is a good formula for a liquid headache remedy: Acentanilid 60, or 4.00, alco-holis oz ss or 15.00, ammonii carbonate dr ss or 2.00, aquae dr 11 or 3.00. Elix-ir adjuvantis qs ad oz 11 or 60.00. Dissolve the acentanilid in the alcohol, the ammonium carbonate in the water, mix each portion with a portion of the elixir, then mix the whole together. The ammonium carbonate is, of course, to obviate any depression of the heart.

* * *

Prickly Heat, Lichen Trophicus, Ma-laria. A very excellent formula for this irritating trouble is as follows: Dissolve 25 grammes of bicarbonate of soda, 10 grammes of borax, in 1,000 cc. of water add 10 cc of phenol and strain through a cloth. It may be tinted with carmine and the odor of carbolic acid covered by oil of winter-green or eucalyptus. In some cases

where there is a very large surface of denuded parts it might be well to reduce or omit the carbolic acid although the solution is not strong only one per cent. The relief is wonderful. This is much cheaper though no better than a solution of equal parts of water and alcohol.

* * *

Imperial Drink. (Potus imperialis). A pleasant acid refrigerant drink for hot weather, a valuable diuretic of advantage in febrile affections and frequently used as a domestic remedy is made as follows: The simpler way, potassium bitartarate, cream of tartar, one large teaspoonful dissolved in one pint of boiling water, add a little sugar and a little lemon for flavoring; strain when cold. Another way is as follows: Potassium bitartarate 1 oz., tartaric acid 1 oz., oil of lemon 12 minims, sugar 16 oz., boiling water one gallon. Cream of tartar whey is made by adding two teaspoonfuls of the cream of tartar to a pint of milk and is valuable diluted with water in dropsical complaints.

* * *

Pushing the National Formulary. The Kings County, (New York City) Pharmaceutical Association is bringing the national formulary preparations to the attention of the medical profession by the means of a paid canvasser under the direction of the committee on national formulary. He is a man thoroughly posted in drug trade matters as he does relief work when not otherwise engaged. His work consists in leaving sample preparations of the formulary with the physician and explaining their merits precisely as the regular detail man urges the virtues of the proprietary put up by the pharmaceutical house. The expense is met by the society out of the revenue from the regular dues, and is found of great benefit, as the members state that the physicians are rapidly acquiring the habit of specifying N. F. preparations. This is certainly fighting the devil with his own fire and while the doctors are not hunting for any more sample men, this is an improvement.

* * *

Cross Counter Therapeutics. The editor of The Therapeutic Record of Louisville, says that the Kentucky State Board of Health has done much good for the state by its relentless war on empirics and illegal practitioners, but he calls their attention to the violation of the law by the retail druggists. In many parts of Kentucky and especially in Louisville, the retail druggists, or at least some of them, do a considerable practice. They treat all manner of diseases and in some instances with very serious results. With few exceptions they have had no training which fits them for the practice of medicine. The dispensary abuse is nothing compared to the practice of medicine by druggists. The druggist absorbs a large part of the office practice of the physician and in that way materially undermines his income. The druggist who prescribes for patients is the physician's enemy and should be so regarded and treated by the health board whose duties it is to look after matters of this kind.

* * *

Phenol Camphor in Suppuration. Ehrlick (Muenschner Medizinische Wochenschrift) has adopted Chlumsky's method of treating suppuration. It consists of a mixture of carbolic acid 30, camphor 60, and alcohol up to 100 parts. Ehrlick confirms all of Chlumsky's assertions as to the simplicity, harmlessness and effectiveness of treating all kinds of inflammation by this method. His experience in 96 cases of felons, phlegmons, leg ulcers, furunculosis, erysipelas, turbercular fistulas and infected wounds of all kinds was extremely favorable. He applies the mixture on a loose tampon without an

impermeable covering and found the length of treatment very much shorter than by other methods. There were no disagreeable effects. A soldier with a tubercular fistula in the neck which had resisted treatment for months healed in 12 days under phenol camphor treatment. An old leg ulcer in a soldier healed in three applications.

* * *

Chloral Hydrate as a Solvent. We are indebted to The Zeitschrift der Oestreich for calling our attention to the very great soluble powers of chloral hydrate. It has long been used by the microscopist but may be used in many other ways. A sixty per cent solution of chloral hydrate dissolves all the alkaloids and their salts, even the usually insoluble tannates. Hence quite invaluable in toxicological investigations in this line. Resins, gum resins and balsams are almost all soluble, and in the case of gum resins a quantitative separation of the constituents may easily be effected, because by adding alcohol to the chloral solution, the gum is precipitated, while the resin is thrown off by adding water. Fats, oils and waxes show variations of solubility which may serve for their partial differentiation. Vegetable coloring matters are dissolved by chloral hydrate solutions with the exception of indigo, and the presence of indigo in litmus, which is stated to be very common, may thereby be detected. In the investigations of blood coloring matter, starch, gelatin, proteids, the solvent action of chloral hydrate may also find useful application.

* * *

Suicide With Veronol. Ehrlich (Muenchner Medizienische Wochenschrift) relates two cases, men of about 57 years both being healthy though one had suffered from circular melancholia for about 20 years. One took 15 grammes and the other took 11. Both died in the twentieth hour without recovering consciousness. A greenish yellow tint of the corpse was noticed in one case. He comments on the way in which a report of a suicide from lysol in the papers was followed by a series of suicides from this drug. He thinks the sale of new drugs should be restricted to physicians' prescriptions until their harmlessness is well established. Veronal should be withdrawn from the general market for it is an absolutely fatal poison in large doses. In one case reported the patient had bought 30 grammes. The symptoms were cyanosis, unconsciousness, superficial respiration, with occasional complete rest of respiration for a few minutes with occasional retrenching. The tip of the nose and the hands and feet were cold, the pupils contracted and the pule about 90 and at times imperceptible. The clinical picture simulated that of morphine poisoning. The stomach was washed out at once and atropine injected repeatedly. Chemical analysis showed veronal in the urine.

* * *

Appendicitis was up before the Paris academy of medicine recently and the discussion showed that there was some reaction on this subject. Dieulafoy declared that many persons suffering from typhlitis were wrongly operated upon for appendicitis. He said that it was rare for a person to suffer from appendicitis and typhlitis at the same time, and that appendicitis was neither a consequence nor a result of typhlitis. The number of errors in diagnosis were very great and also that many useless operations were performed. He pointed out the necessity of making a correct diagnosis in order that we may proceed correctly and at the same time avoid unnecessary operations. He is an advocate of operation when he confronts a genuine case of appendicitis. Doyen fully supported the views of Dieulafoy and reported cases where operations were made for worms, the

parents being determined that the child had that fashionable complaint, appendicitis. A a later meeting of the Academy, Cornil and Richelieu took the opposite stand on this subject. Prof. Cornil said that an appendix might be inflamed when it was impossible to determine it by the naked eye. Richelieu said that the simultaneous appearance of perityphlitis and appendicitis has been frequently observed. It seems that there is much yet to learn of appendicitis, especially about its diagnosis and medical treatment. There is not much doubt but that very many operations are made unnecessarily.

* * *

Self medication and counter prescribing in drug stores according to the editor of The Medical Fortnightly, has been found one of the most dangerous features brought out by the recent campaign against patent medicines and secret nostrums. The state has safeguarded the public by exacting of those who would treat the sick, a demonstration of their ability to safely and scientifically do so. Not alone is knowledge of drugs requisite, but the physician must know the action of the same in the presence of any condition which the patient may exhibit and be quite as ready to intelligently withhold as to administer. Yet the average corner drug store will prescribe for more patients in a day than the average qualified physician. The druggist may know drugs, but he does not know patients. Counter prescribing, it must be acknowledged, is not universal, but it is general. The habit is nothing less than pernicious and criminal where drugs are so administered to infants and the helpless. Much of the abuse which is heaped upon the coal tar derivative is due to overlooking the real evil, viz. counter and lay prescribing. The coal tar products are good and useful friends when intelligently employed and will serve us well, but are not intended to be taken as sugar or in the presence of heart disease. They can not be so combined as to be "a safe household remedy," and are not for the use of any but a learned profession. Let us hope that the dawn of the day is not far distant when physician, manufacturer and druggist will combine to have the practice of medicine conducted in safe, scientific and legitimate channels and it is no selfish belief that the best interests of all three, and that of the patient as well, will be promoted.

* * *

Treatment of Pelvic Suppuration. Worrall (British Gynecological Journal) thinks that in all cases in which it is evident that pus is present in the pelvis the treatment should be operative. If the patient is desperately ill the operation should take place without delay. If it appears that the patient is likely to improve she may be allowed to recover from her fever before the operation is done. Opening the abdomen should always be preceded by curettement at the same sitting. The abdominal cavity should always be opened first through the posterior fornix. If serious constitutional symptoms are present at the time of the operation, and if pus can be evacuated from the pouch of Douglas, or from pus sacs within reach of the finger, and if bimanual examination discloses no other collection which might be responsible for such constitutional symptoms, the pelvis should be thoroughly cleansed, powdered with iodoform, and the pus sacs lightly packed with gauze. In a week the patient's condition will usually be so much improved as to allow of abdominal section in the middle line and the removal of the pus sacs. If there are no constitutional symptoms, or if it be impossible to reach the pus from which the constitutional symptoms have arisen, the abdominal section should be undertaken at the same sitting and the pus sacs completely removed.

If the uterus or the appendix is involved in the septic process they should be removed. Flushing should not be practiced unless there is purulent peritonitis. The pelvis should be carefully cleaned by gauze swabs and lightly powdered with iodoform. Each case should be drained by a single strip of gauze two inches wide, carried from the pelvis into the vagina.

* * *

The Advantages of Hebotomy Over Symphyseotomy. Steadman (Medical Record) summarizes the opinions of continental writers on the advantages of hebotomy over symphyseotomy. He cites 107 cases with a total of four deaths, one of these as the result of chloroform anesthesia, the other due to sepsis, said to have been present before the operation. Gigli, the originator of this operation of lateral pubic section, is quoted as pointing with pride to the advantage of the much lower mortality of this operation over symphyseotomy, which at the best has a mortality of 11 per cent. The latter operation is characterized as essentially unsurgical, as it involves the division of a joint, and the concomitant great susceptibility to infection, while in hebotomy secure repair is possible and the risk to the clitoris, urethra and bladder is reduced to a minimum. Patients do not experience difficulty in walking after pubotomy, and the after-treatment of the operation is simple. One authority encourages motion in order to secure fibrous union, as it favors an enlargement of the pelvis, which would facilitate future deliveries. In conclusion, Steadman admits that it is too early to express an opinion as to the value of Gigli's operation. The majority of the continental writers praise it. In view of the modern tendency in hospital practice to condemn perforation of the living child, he thinks it unwise to neglect the development of any method that may prove simple, safe and effectual enough to enable the practitioner, cast on his own resources, to be reasonably sure of saving both maternal and fetal life, when he is confronted with conditions which otherwise make him choose between a Caesarean section or the sacrifice of the life of the child.

* * *

Indications for Uterine Curettage. According to Byron Robinson (Gaillard's Southern Medicine) there are no general rules for uterine curettage, as there are no general rules for Alexander's operation; both curettage and Alexander's operation are stumbling blocks in gynecology. They are both doubtful operations. When in doubt as to the indications for curettage, the wise practitioner will omit the operation. It requires the best head and the finest skill to select properly a case of curettage. It requires the broadest knowledge of pathological conditions and operative technique to avoid damaging sequelae. The experienced gynecologist notes the contraindications and risks in curetting rather than the expected benefit, especially if the myometrium, oviducts or peritoneum present degrees of pathological conditions. In over twenty years of special work in gynecology he has found but little use for the curette in endometritis. In the acutely affected uterus the curette is dangerous and multiplies wounds for the spread of infection. The endometritis for which the curette is required is largely a myth. How many recognized gnyecologists can in consultation present in a concrete subject, except for diagnosis, sufficient reasons for the performance of curettage, safely, either to their own satisfaction or to that of their colleagues? In his own experience he has found that the curette has done far more damage than benefit. He admits: "I have made a living from the damage done patients by the curette in the hands of my colleagues." Curettage is the direct cause

of vast numbers of subjects possessing chronic metritis, salpingitis and pelvic peritoneal exudates, necessitating long suffering, sterility, or removal of uterus or oviducts. In short, it is his opinion that the curette should be employed only after consultation with an experienced specialist.

* * *

Vaginal Caesarean Section is it Justifiable? Palmer, Findlay, Omaha (Medical Herald). He regards the following as the chief objections to the method: 1. Less time is consumed in the delivery of the fetus by the abdominal route. 2. Greater accuracy is assured in surgical cleanliness by the abdominal route. 3. Abdominal incision is wholly under control of the operator, whereas in the extraction of the fetus per vaginam, the incision may extend beyond the control of the operator, as indeed it has in more than one case and with fatal results from hemorrhage. 4. In an abdominal Caesarean section opportunity is afforded of rendering the patient sterile by resecting the tubes, when thought advisable, and various lesions, such as adhesions, tumors of the uterus demanding hysterectomy, bands as the result of ventrofixation and diseased appendages can be dealt with. 5. The abdominal route assures the fetus of the greatest consideration. The application of the forceps and the turning of the child in utero are necessarily attended by dangers to the fetus. 6. Rupture of the uterus in subsequent pregnancies through the scar of a Caesarean section is a not uncommon accident, and is apparent that since the large majority of the ruptures of the uterus is in the lower uterine segment a scar at this point will be more likely to be disposed to rupture than one located in the fundus. 7. There are as yet no records of injury to the bladder and ureter, and the limited time since the introduction of the operation leaves us in doubt as to its dangers from rupture of the lower uterine segment in future pregnancies, but may we not with fairness anticipate such accidents and proceed with caution? He reviews the results in the so-called Duhrssen operation, of which about 100 cases have been reported in the literature. The indications are always relative and therefore differences of opinion in regard to necessity of interference and mode of procedure can not fail to arise. The technic consists of increasing the anterior vaginal wall, bluntly pushing back the bladder, and then splitting the cervical wall and lower uterine segment in the median line anteriorly. After forceps delivery or version and extraction, the incisions are sutured. If necessary the posterior lip may also be split. Duhrssen usually does divide both anteriorly and posteriorly.

* * *

VALUABLE PRESCRIPTIONS.

The following has been found useful in allaying the irritation and itching of urticaria:

℞

Acid thymic ..... gr. 15.
Acid carbolic ..... gr. 30.
Menthol ..... gr. 4.
Eau de Cologne.
Sp. camphor, a. a..... oz. 2½

To be applied by cotton-wool swabs to the parts affected.—Practitioner.

* * *

For Coughs in Phthisis.

Roosevelt hospital formulary:

℞

Creosoti ..... oz. ½.
Tinct. capsici ..... dr. 1½.
Mucilag acaciae ..... oz. 2½.
Aquae ..... oz. 2.

M. Sig.—Teaspoonful well diluted after meals.—Merck's Archives.

PRESCRIPTIONS

By J. A. Burnett, M. D.

RHUS POISONING.

Dr. J. V. Shoemaker, in The Medical Bulletin says regarding the treatment of rhus tox poisoning: This variety of dermatitis often requires the most active treatment. To quickly alleviate the suffering and remove the eruption, I have found the use of the following lotion very efficient:—

℞

Sodii thiosulphatis .....ʒiij.
Aquae ....Oj.

M. Sig.—Bathe the affected parts every half hour.

Another good lotion that is often employed is one drachm of the fluid extract of grindelia in four ounces of water.

Decoctions of chestnut leaves, white or black oak-bark, black alder, or geranium will also prove valuable.

A GOOD SUBSTITUTE FOR QUININE IN MALARIA.

Some people do not tolerate the action of quinine very well and when this is the case, use the following:

℞

Fluid extract gentiana.
Fluid extract hydrastis aa ʒiv.
Fluid extract cascara....ʒij.
Fluid extract myrica cerifera.
Tinct. myrole comp. a. a..ʒj.
Salicin ....gr xx.

M. Sig.—To keep a chill off give ten drops every hour until six or eight doses are taken, beginning so the last dose will come one or two hours before the chill is due. At other times give a dose every three or four hours.

STUBBORN CASES

In stubborn cases of children no matter whether chills that refuse to yield to antiperiodics or other complaints that refuse to yield to the seemingly indicated remedy, give the following:

℞

Calomel .....gr. ij.
Santonin .....gr. iij.

M. Sig.—Divide into four doses and give one every hour until all are taken and in four hours after the last dose give a dose of castor oil if it has not acted as a purgative. Begin on the second day and give one grain of santonin every night for three or four nights.

AN ANTIPERIODIC.

The following in a reliable antiperiodic in cases of chills:

℞

Quinine ..... gr. 72.
Acetanilid ..... gr. 48.
Capsicum ..... gr. 24.
Caffeine.
Leptandrin, a. a.....gr. 12.

M. Sig.—Divide into twenty-four doses. To keep a chill off give one dose every two hours until four or five doses are taken, beginning so the last dose will come one or two hours before the chill is due. At other times give a dose every three or four hours.

FOR DIARRHOEA

The following will be of value in diarrhoea, especially in most cases that occur in the summer months:

℞

Myrica cerifera .....gr. iij.
Cinnamon .....gr. ij.
Capsicum .....gr. j.
Leptandra .....gr. ss.

M. Sig.—This is one dose to be repeated as needed. It should be given in half a teacup of hot water.

SUMMER COMPLAINT IN CHILDREN

The following will prove to be of value in summer complaint of children.

℞

Bayberry.
Asclepias. a. a. .....gr. ij.
Ginger ..... gr. ss.
Cinnamon .....gr. j.

M. Sig.—This is one dose to be repeated as needed.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

IODALIA AN EFFICIENT AND PLEASANT ALTERATIVE.

By A. H. Ohmann-Dumesnil, A. M., M. E., M. D., Ph. D., St. Louis.

Without wishing to enter into a long consideration of the different varieties and classes of alteratives, their advantages and disadvantages, it may be best to plunge in medias res and take into consideration that one which is universally conceded to be the best general alterative and the one which produces the effects attributed to this class of remedial agents better than any other. The one here meant is iodine; a most useful and, at the same time, much abused remedy, which is unfortunately but too little understood, and is so potent in its beneficial effects when properly applied in the proper cases. Dr. Nicholas Senn in a paper on "Iodine in Surgery," says, "in the treatment of so-called scrofula and lupus, iodine internally and locally commanded the confidence of the profession for more than half a century before the bacillus of tuberculosis was discovered." It may be further mentioned that iodine has been found efficient in the form of injections in joint affections, seropurulent in nature, in tubercular peritonitis, locally in erysipelas, in anthrax, etc., but beyond all doubt its most extensive and successful employment, internally, has been in the treatment of syphilis, most especially in that form known as the tertiary. It is here that it has most fully and thoroughly demonstrated its action as an alterative and it is destined to remain the remedy par excellence in this condition for many years to come. As a rule iodine is administered internally in the form of iodides, although it is also given pure in many cases. It has been observed, however, that the salts of iodine, formed by its combination with alkalies, are all more or less irritating. This is due beyond doubt to the alkalies with which the iodine is combined and these symptoms are so marked that they are easily recognized, more especially so far as the objective signs are concerned. Devices have been employed to prevent the usual gastric disturbance, such as taking the iodide in large quantities of milk and the ingestion of large quantities of bicarbonate of soda between meals to prevent the toxic influence of the alkaline salts of iodine. These are fairly good for a short time, but the symptoms of an untoward nature will manifest themselves despite all the precautionary measures taken. The cause of all these disturbances is beyond all doubt dependent upon the alkali which the salts contain and the problem which has been presented was to make a purely organic salt whose action would be as good if not superior from a therapeutic point of view and which would be unirritating, locally as well as constitutionally. Another disadvantage observed in all these iodides, as well as in pure iodide, is the lack of palatability observed in these remedies. We cannot here follow the evolution of the process of experimentation which finally led to the elaboration of a galenical iodo-tannic preparation. A product of definite composition which was always constant was the result. It was found, however, that the combination of iodine and tannin is very hygroscopic and not easily desiccated with any uniformity. This led to a further series of experiments by saccharating it and thus attaining its

inalterability. This much having been attained it was an easy matter to make a series of experiments and thus demonstrate the physiologic and therapeutic action of the remedy. The name which was adopted for this saccharated tannate of iodine was iodalia, and it is under this name that it is marketed today. It is by no means a secret remedy, as its chemical name sufficiently indicates its nature and its strength, which is uniform, is that of six centigrams of iodine to five grammes of salt, or approximately one grain to every teaspoonful. In appearance it is a white granular salt, not heavy and pleasantly sweet to the taste. It may be taken in milk, water or wine, and is pleasant in this form. It does not in the least disturb the stomach and is very easily assimilated, as proven by the fact that iodine may be found in the urine a half hour after its ingestion. The writer has not yet received any complaints concerning any untoward effects, although he has ordered comparatively large doses to be taken. —Abstract from St. Louis Medical and Surgical Journal.

The Swedish-American Telephone Co. of Chicago, whose advertisement appears on page xxxviii of this issue, are one of the largest manufacturers of independent telephones in the world. They own their own factory which occupies an entire city block, fronting on three streets, viz: E. Ravenswood Park, Farragut St., and Berwyn Ave. The Swedish-American Co. were first to recognize the wants of the small and medium sized towns and villages and furnish such equipment necessary to give such communities telephone service of the first quality. Physicians in small towns are among the first to become interested in the development and building of exchanges and rural lines in their neighborhood. The convenience of having telephone connection with their rural friends and patients cannot be over estimated. Oftentimes advice can be given by telephone that will save a life and allow the family to properly care for the sick or injured until the arrival of the physician. When the Swedish-American started in business only five years ago there were less than 800,000 independent telephones in the United States. At this time there are more than three million and about one million of these are in the homes of farmers and residents of small towns and villages.

The instruments made by this company are especially built for long and continued service and to work perfectly year after year. The fact that the agricultural department of the United States has adopted these instruments is a sterling recommendation for their sturdiness and durability. Their specialty has been equipment of this kind and it can safely be said that no concern stands closer or in better repute with the small and medium sized telephone organizations than the Swedish-American. Physicians who are interested in telephones (and many of them are) when visiting Chicago are invited to call on the above named company where they will be cordially welcomed and shown through their factory, seeing complete telephones of the finest character, made from the raw material, where parts are turned out by thousands under the watchful eyes of skilled mechanics. This company has at great expense prepared an eighty page book which contains many illustrations of telephones and central office apparatus as well as diagrams, etc., etc. It also tells how to organize a company, how to build lines, cost of material, material required, copy of by-laws and constitution, in fact it is the most complete work of this character yet published. The Swedish-American Co. authorizes The Medical Recorder to say that a copy will be mailed free to those interested on receipt of request.

CROWNING AGE OF WOMEN

The second stage of a woman's life, maternity, brings with it pronounced physical changes requiring the most painstaking care on the part of the attending physician. Especially during and prior to childbirth valuable aid may be rendered by the administration of Hayden's viburnum compound. In threatened abortion it exercises a sedative effect upon the nervous system, arrests uterine contraction and hemorrhage and prevents miscarriage. In cases of rigid os, which prolongs labor and rapidly exhausts the vitality of the patient, promptly responds to the administration of "H. V. C." and no less an authority than H. Marion Sims said "I have prescribed Hayden's viburnum compound in cases of labor with rigid os, with good success."

Following delivery the antispasmodic and analgesic action of "H. V. C." makes it of especial service in after-pains. It modifies and relieves this distressing condition and by re-establishing the tonicity of the pelvic arterial system it prevents dangerous flooding.

Hayden's viburnum compound contains no narcotic nor habit-forming drug. It has enjoyed the confidence and support of the medical profession for over a quarter of a century. Its formula has been printed thousands of times and will be cheerfully furnished by The New York Pharmaceutical Co., as well as literature and sample if express charges are paid.

NEUROSINE.

We are creditably informed that representatives of certain eastern chemical houses are trying to introduce a mixture claiming it contains the same ingredients as neurosine.

We have worked up a large demand for neurosine exclusively with the medical profession, it is evident they are trying to reap where they have not sown. Physicians will readily recognize that the intention of the parties referred to, is, to encourage substitution, therefore, we deem it only necessary to mention this fact to doctors as we believe they would not knowingly allow their prescriptions to be filled except with the identical drug prescribed. It is for the profession to determine the efficient results they have obtained in the use of neurosine and not to be induced to try that which is claimed to be "just as good." (Talk is cheap.)

The satisfactory results doctors have obtained with neurosine in cases where indicated will not, we think, warrant them changing to an untried mixture, or substitute, more especially when they only claim the same formula as neurosine.

Doctors can rely on neurosine, dioviburnia and germiletum, which we manufacture exclustively for physicians to prescribe, being always kept up to the highest standard of efficiency. Dios Chemical Co., St. Louis.

Louisville, Ky., March 12, 1906.
Messrs. Bell & Co., New York, N. Y.

Gentlemen: A few months ago I had from you a sample of Papayans Bell dyspepsia tablets which I recommended to a lady who had had stomach trouble for forty years. She reported to me yesterday that this medicine did her more good than anything she had ever tried. Her digestion was improved, her appetite increased, and she was able to eat articles of food that she had been unable to eat for years. With best wishes for continued success, I am

_____, M. D.

Physicians will make no mistake in writing for a sample of Woman's Asepto Tablets for local treatment of uterine troubles. A trial only costs you a postal card.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. IX SEPTEMBER, 1906 No. 9

Leading Original Articles

ELECTRO-THERAPEUTICS

By Gordon G. Burdick, M. D., Chicago, Illinois.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

ANODEL OR POSITIVE THERAPEUTICS.

It has been known from the earliest attempts to apply the electric current therapeutically, that polar effects were very pronounced, and that each pole differed from the other by its effect upon metabolism. We have already learned that the positive pole is called the acid pole, owing to its attraction of oxygen around it; consequently it increases nutrition and hastens oxidation if used in a proper manner. Where we desire to use it for its tonic properties, we must use a very large electrode in order not to concentrate the oxygen in one locality and cause a destructive effect upon the tissue.

If we desire the effect of the current without the collodial metal that accompanies it while flowing from the ordinary electrodes, we must construct our electrodes of carbon, platinum, or block tin, as these elements are slightly effected by the current. It is desirable to have our electrodes just as large as the parts will accomodate in order to use as great a volume of current as can be conveniently given, and in this manner obtain the greatest amount of good from our treatment. At times, especially while giving the treatment in the vagina, it is desirable to use a carbon electrode in a perforated rubber holder which is introduced into the vagina, and then inject sufficient water to distend the folds of the vagina utilizing the water as the electrode of contact. It is possible with an arrangement of this kind to give as much as 300 m. a. of current if we have a suitable negative electrode of clay to disperse this large amount of current. This method is indicated in certain diseases of women, as in prolapse with considerable pain, nervousness with a profuse leucorrhoea due to poor drainage. The immediate effect is a complete relief of pain, the suppression of leucorrhoea, and if persistently carried out for a few weeks, and supplemented with an electrical massage, in order to develop what muscular tissue remains, will usually result in a systematic cure in about six weeks.

The process has also been found of value in atonic dyspepsia, and may be depended upon to give immediate re-

lief, and when followed by electric massage and hygienic food will bring about a cure.

In lumbago we can give immediate relief, and at times we find that one application will bring about a cure. If we use a small electrode we concentrate the action of the current and the increased amount of oxygen destroys the cells in the vicinity of the pole, and the oxygen will simulate an inflammation. The cells are dis-associated capillaries destroyed, and an exudate of serum takes place and swelling is very evident. If we concentrate the current upon a very small electrode it may be used in local hemorrhages, as the blood vessels as well as the cells undergo a hardening effect that eventually seals them, and prevents a recurrence of the trouble. It is of use in hemorrhagic endometritis, and is a great improvement upon the currette as a recurrence is rarely observed after this treatment.

If some of the soft metals are used as the electrode, it may adhere to the tissues, and make it necessary to reverse the poles for a few seconds to release the electrode. This same principle has been used by Professor Herdman of Ann Arbor to treat sarcoma. He uses platinum needles introduced into the tumor, and having a suitable negative electrode, forces a large quantity of current into it. He reports excellent results from the procedure, and as it is without danger, there is no reason why others who are situated where clinical material is available should not try the method.

A property of the positive pole that should not be lost sight of is its analgesic effect, and it has been properly called the sedative pole by some authors, and may be depended upon to give relief in ordinary pain, but a world of experimental work remains to be done along this line which has scarcely been touched by electro-therapeutists.

NEGATIVE OR CATHODEL THERAPEUTICS.

When the negative pole is introduced within organic tissue, it is immediately surrounded with hydrogen which, as is well known, is strongly alkaline. If the electrode is small, an immediate destruction of tissue takes place with the evolution of a large quantity of this gas. If the electrode is large, we cause a large quantity of hydrogen to collect within the tissues, and profoundly effect metabolism. It is well known that tissue is more soluble in an alkaline medium than in an acid, as the latter tends to preserve the cells, as well as hardens them, while in an alkaline medium they are rapidly disintegrated. This peculiarity of the negative pole has been taken advantage of in treatment by therapeutists in treating pelvic exudates. A very few treatments given with a large electrode within the vagina using as large a dose as is permitted with comfort, will promote the absorption of a large pelvic exudate in a short time. This pole is generally regarded as the stimulating pole, and may be used with satisfaction in all depraved conditions of the body, as in tumorous growths (benign) and exudations following infections or fractures. In concentrated doses by using suitable electrodes a wide range of work may be done.

Depilatory Electrolysis: Small bulbous pointed iron electrodes are used for this work. They are extremely small and flexible, and will readily pass into a hair follicle. The needle is connected to the negative pole, and the positive pole is usually placed in a bowl of water into which the hand is placed or removed at the request of the operator. This procedure is followed in order not to break the current by removing the needle from the face, which would cause the facial muscles to contract violently. As a general proposition about 1 m. a. of current is used. The hair is grasped by a pair of

special forceps, the needle introduced within the hair follicles, and the current allowed to act until the hair loosens, usually in fifteen seconds, when the operator removes the hair, requests the patient to remove hand from the bowl, removes the needle, and is ready for the next. Considerable experience is necessary in order to prevent scaring, which may be done by insulating the needle with a rubber solution so that the ball upon the point alone is exposed, otherwise the skin is injured where it comes into contact with the shaft of the needle. If the work is properly done no scaring results, and if the method as outlined above is carried out the result is permanent. If the current is shut off as soon as the hair loosens, the hair will grow again.

Stricture. In stricture of the urethra marvelous results have been obtained by different operators, especially Newman. The technic involves the use of a special shaped electrode, and about 1 m. a. of current for three minutes every other day. The object of the treatment is to cause a softening of the cicatricial bands by rendering the tissue alkaline. The normal cells have a better supply of blood, which causes them to recover quickly, while the cicatricial tissue is unable to protect itself in the same manner, and therefore becomes absorbed.

This method has been condemned by different operators who allege that they have never been successful with it, but careful inquiry has invariably demonstrated that the failures were not due to the method, but to the operators themselves. They have invariably used more than 1 m. a. and longer than three minutes, with the result that they damaged the normal cells and caused the destruction of the cicatricial tissue as well. If Newman's technic is carefully followed nothing but good results can be obtained.

A certain percentage of cases presenting themselves have an annular stricture, not cicatricial, but of normal tissue caused by the surface growing together after the formation of an ulcer, and the above method will not work where we have this condition to contend with; we must use a special electrode containing a dull knife blade and all insulated except the blade. This is connected to the negative pole and introduced into the stricture and the current turned on until we have from 5 to 10 m. a. of current, which depends upon the size of the knife. In from three to five minutes the electrode cuts its way through the stricture which can now be dilated as large as may be necessary, and kept dilated until the open place has healed over. This process is safe, certain, and painless, and does not detain one from business, is never followed by hemorrhage, and if properly followed up is a very efficient treatment and certain to produce a cure.

It seems almost superfluous to add the caution that strict antisepsis must be used; but from certain cases that have come under my observation I am justified in the belief that some of the professional men are careless in regard to antiseptics. It is well to remember that while the positive current is antiseptic, the negative is not, and in fact seems to produce a good culture ground in the human tissue.

Moles and Warts. These blemishes may be easily removed by using an iron needle without the bulb, connecting it with the negative pole. The base is perforated or transfixed and from 1 to 5 m. a. of current turned on until the tissues appear white for a considerable distance around, when it is removed and replaced at right angles. Several punctures are made until the whole tumor has a white appearance when the process is complete. The needles rapidly find their way through the base of the tumor without pain, while the current is flowing, as the tissue is decomposed ahead of the needle. No dressing is necessary as the eschar drops off in a

few days or a week, leaving the wound completely healed.

In conclusion a few words of warning. Never use the negative current on a malignant tumor, as it will stimulate it to an immediate growth and hasten a fatal result. This applies to small epitheliomas as well as larger forms of cancer. The positive pole is alone indicated in cancer, or where it is thought best. The zinc-mercury cataphoretic process, or Herdman's concentration method, may be used, the selection depending upon the character of the growth and where situated upon the body.

ASTHMA

By Edward C. Rothrock, M. D., Palestine, Texas.

Asthma is caused by an irritation of the vagus nerve and may be central, peripheral, or a reflex from other nerves. When purely nervous, upon post mortem examination, no abnormal conditions of the air passages is found. The irritation of the vagus nerve causes spasmodic contraction of the transverse muscular fibres of the bronchi, hence the great difficulty of inspiration; but we do not know how this irritation upon the vagus is produced. Asthma is often associated with heart disease, also with emphysema, again may be caused by lesions of liver, stomach, or other organs, as the uterus; indigestion is frequently a cause. In some cases it is produced by living in a certain locality, and it has been said that even a change from ground floor to second story of the same house will produce asthma in those who are susceptible to it and vice versa. Smelling certain drugs and even flowers of certain kinds will produce it in some persons. Mental excitement and sexual excesses will caues it in others. Its exciting causes are various and numerous. It occurs in paroxysms every month or two, every two weeks, or even every week in those who are susceptible, and it is often very difficult to trace the exciting cause to only the impressionability of the patient's nervous system.

In the treatment of asthma those remedies are to be considered which will relieve the severe dyspnea which is present, and measures which are to be used between attacks relieve the morbid condition upon which the recurring attacks depend. For relief of the paroxysms, there are a host of remedies used, as ipecac, lobelia, gelsemium, antimony, etc. I find that inhalation of nitrate of amyl often works like a charm, also have relieved paroxysms by letting the patient inhale the smoke of brown paper steeped in a strong solution of nitrate potassium, dried and burned near the patient and the smoke inhaled freely. This is an old but good remedy. Of course the treatment consists in giving remedies to counteract the spasmodic tendency of the bronchial tubes. Where asthma is connected with emphysema, or heart disease, arsenic is a good remedy—one of the best. It is the remedy where complicated with dyspepsia, as it tones up the stomach, one to three drops of Fowler's solution three times a day. Where the liver is at fault one drop of nux vomica, added to each dose will be of great benefit in energizing the liver. The bromide of lithium has done good service for me, five grains every three hours.

℞

Fld. ext. gelsemii .....ʒi.
Fld. ext. grindeliae rob.....ʒi.
Fld. ext. pteleae .....ʒi.
Fld. ext. sanguinariae .....ʒi.
Syrupi tolutani .....ʒii.

M. et S.—One teaspoonful every one, two or three hours as indicated. Then when relieved, a dose every three or four hours to keep up the anti-spas-

modic effect upon the nervous system. Good results have invariably followed this treatment.

If asthma is connected with chronic bronchitis, the iodide of antimony, in doses of two to three grains, three times a day, does good work, also iodide potassium, five grains every four hours; this has proved successful with me in some cases alternated with carbonate ammonia, five grains. Fluid extract Indian hemp, in doses of two to five drops has given relief in bad cases for me. Sumbul and valerian in doses of twenty to thirty drops each, saturated tincture, is a good remedy and frequently relieves promptly. When connected with diseases of the heart, cereus grandiflorus, fifteen to twenty drops of fluid extract every two or three hours, is a good remedy. Digitalis in small doses alternated with other remedies indicated, acts well. Peroxide of hydrogen is also a splendid remedy, a dose every two or three hours, oxygenating the blood. It is also a good factor in relief of dyspepsia. The following is a good combination in these cases:

℞

Fld. ext. lobeliae .....ʒi.
Fld. ext. eucalypti .....ʒi.
Syrupi scillae .....ʒi.
Syrupi tolutani .....ʒi.

M. et S.—Teaspoonful every three or four hours. For two years I treated an old lady who had increasing attacks of asthma: from twice a year they increased to an attack every two or three weeks. I put her upon a curative treatment and she has not had an attack since—over fourteen years. Have performed other radical cures lasting for years. This is the remedy which has acted with success in many cases:

℞

Fld. ext. grindeliae rob.....ʒii.
Fld. ext. polytrichi juniperi..ʒi.
Syrupi tolutani .....ʒi.

M. et S.—Teaspoonful three times a day.

She took the remedy a year, skipping a week now and then, and in the second year if she felt any symptoms, would take it for a few days; after eighteen months from the first dose has never needed it since.

CASTOR OIL AND ITS ADMINISTRATION

By E. S. McKee, M. D., Cincinnati, Ohio.

Lecturer on Clinical Gynecology, Medical College of Ohio University, Cincinnati.

Better to hunt in fields of health unbought, than fee the doctor for a naseous draught. It was Plato who said "That you may be lovely be lovable." Perhaps he was thinking of castor oil which is as old as the hills and as difficult of descent as they are of ascent. Castor oil beans were found in the pyramids and were quite ready to work after their four thousand years of enforced idleness. "Youth fades; love droops; the leaves of friendship fall;" said Oliver Wendell Holmes, but the taste of castor oil outlives them all.

Castor oil in appropriate doses usually acts very gently in from three to six hours. Large doses act more briskly and sometimes cause vomiting. On account of its gentle, speedy and certain action castor oil often is the best means in constipation, the diseases of children, women who are pregnant, after pregnacy, typhoid fever, dysentery, where there is inflammation of the parts adjacent to the bowels and where there is present in the bowels irritating, undigested food.

The adhesiveness and viscidity of castor oil is the chief cause of its very disagreeable taste. Adhesion to the mouth and throat may be avoided by rinsing with an alcoholic liquid. It may be made less viscid and comparatively

tasteless by mixing it with hot milk, bouillon or coffee, or with the foam of ale or beer or peppermint water and brandy. Its taste is scarcely perceptible when mixed with glycerine and a few drops of oil of cinnamon and gaultheria. Administered in capsules it is of course quite tasteless and if the dose is not too large and the patient can swallow them, this is a very good way for adults. The oil is robbed of much of its repulsiveness when rubbed up with three parts of sugar or with two parts of compound licorice powder. It can be taken floated upon the surface of soda water containing some aromatic syrup, or a regular emulsion may be made as with cod liver oil by means of mucilage or other emulsifying agent. The taste of the oil, however, generally outlives the flavor, and these agents are only partially successful. If thoroughly emulsified with the addition of orange juice, a mixture is formed which is almost unobjectionable. Another useful way to take castor oil is by injection: in this way it acts principally, locally and mechanically as a lubricant, but there is doubtless a certain quantity absorbed as there is usually an effect more than would otherwise be expected. Castor oil is absorbed to a slight extent by the skin, but is of no practical value. Sassafras in the preparation known as sarsaparilla, is quite efficient in masking castor oil, especially when it is used in connection with effervescent water. There are a number of aromatics which would probably be useful in the same way. Foch (semaine medicale) has found anisette serviceable. He pours a small quantity of the liquor in a claret glass, taking care that the edges of the claret glass are moistened with it. The dose of castor oil slightly warmed to make it thinner and more easily swallowed, is poured into the glass. He declares that the penetrating odor and that of the cordial mask those of the repulsive oil that the patient hardly tastes it when he swallows it. The Arabs administer castor oil as follows: Pour a half ounce slowly by drops into cup of milk set on a stove, and heat while stirring. In a few minutes a perfect emulsion is formed and to this are added some syrup of orange flavor. Administered in this way the oil seems not only palatable, but more active.

FORMULAS

Following are some formulas: Ol. ricini 30.00 (oz. i.), glycerinae 30.00 (oz. i.), ol. gaultheriae 1.00 (gtt. 15). M. S.—Take one to four teaspoonfuls. R. vanillin 0,075 (gr. 1 1-4), ol. menth. pip. 0.25 (gr. iv.), saccharin 0.30 (gr. 4 1-2), alcoholis 6.00. Mix, dissolve and add tinct. cudbear 1.00, ol. ricini. add 120.00 or oz. iv. Mix shake and add two mixtures together. Gum acacia pulv. 15.00 (oz. ss.), ol. ricini 30.00 (oz. i.), saccharin 0.65 (gr. x.) ol. cloves: 12 (gr. ii.) aquae add 60.00 (oz. ii). Dissolve the gum in the water, add oil, and last, add the flavoring. Another. Saccharine 0.12 (gr. ii.), ol. menth. piperite 0.30 (gr. ivss.), alcoholis q. s. M. fiat sol. et add ol. ricini 240.00 Dose same as castor oil. Make a powder composed of equal parts of gum acacia, licorice, lactose and flavored with vanilla. A pinch of this powder added to a little water and shaken, makes a very persistent froth in which may be given, without the slightest taste, such oils as castor oil, as well as much lighter substances, salicylates, cod liver oil, iodized or phosphated oil, as of methyl, essence of santal and so forth.

CASTOR OIL APPLIED WITH GRAVITY.

It is usually the patient who uses gravity when taking castor oil; at least his countenance is grave. In one case I heard of a doctor who used the gravity. A young blood was going home one night, after imbibing freely, when feeling weary he looked about for a place to repose and saw a comfortable bench on a doctor's porch and reposed. The hour was late but he did not care.

Looking about him he saw an electric light and under it a speaking tube with the polite request to whistle for the doctor. The doctor was young and was looking out for business day or night. The young inebriate was just obligingly full and wanting to be obliging on such a polite request, gathered himself up, inflated a fine pair of lungs, clapped a capacious mouth over the speaking tube and sent up a terrific cyclone. The doctor sprang to his feet rather bewildered by the odor of malt, spiritous and vinous liquors in the room, staggered to the speaking tube and said: "Well!" "Glad to know that you are well," shouted the inebriate, "but being a doctor 'spose it only costs you cost price." "What do you want," shouted the man from above?" "Is this the tube you whistle for your bills through?" said the man from below. "This is no hour for jokes, what do you want?" snapped the upper speaker. "Do you known young Mr. Youngblood?" "Yes," said the doctor, "what is the matter with him?" "He went out in his auto," said the inferior voice—"and had an accident," said the doctor, I'll be right down." "Yes," said the drunk, "he ran over five dogs and six cats," and he hung onto the muzzle of the speaking tube and laughed like a hyena. "That's a jolly good joke," said the doctor, "wont you take something? Take this," and he emptied a kilo of castor oil down the tube to his first born's great delight, and gravity took it right down to the gay patient's mouth.

GUILTY CONSCIENCE

"Let a man be on'y half or three-quarthers square, as most iv us are, an' he fears less a rijiment iv sogers with a gatling gun poundin' at th' dure thin th' touch iv a rayporther's hand on th' dure bell," says "Mr. Dooley" in The American Magazine.

LIGHT AND COLOR THERAPY

By John Albert Burnett, M. D., Dean Springs, Arkansas.

Interest on the subject of light and color therapy is greatly on the increase. Their importance as to therapeutic possibilities is being manifested in all parts of the country. Much has been done by various quacks and manufacturers of instruments to give light and color treatments, to place this branch of therapeutics under a cloud of doubt and subject it to adverse criticism by physicians who are not in favor of quackery in any form. Besides discredit is brought upon many valuable discoveries in medical science by gross exaggerations of their usefulness. Light and color therapy is not a "cure all" or a system of treatment to be used entirely alone in all cases. It is a valuable adjunct to other indicated methods and is a valuable thing in many diseased conditions. There are a few physicians that know that there is much that is of value to be derived from light and color therapy. It is the duty of the physician to use in his practice everything that can assist in the cure or relief of his patients, and when such good results as can be obtained from anything as can be obtained from light and color therapy, it should be made use of by all physicians, as it is essential in their armamentarium if they wish to keep up with progress in medical science and do the best that can be done for their patients—a thing that no progressive physician can afford not to do.

Light is one of the most universal of remedies. It is a powerful stimulant of metabolism. The amount of oxygen taken up by the tissues is directly dependent upon the presence of light. Light dilates the capillaries of the skin and increases its nutrition and will destroy the germs of many diseases. It is fatal to the typhoid, diphtheria, te-

tanus and tubercle germs. There has been quite a number of apparatuses designed to give curative properties of light and color. In some diseases one color will be needed, while in another disease another color. Special instruments must be used for all these purposes. When properly used, light and color therapy will relieve pain of almost any kind, and for this purpose alone, apparatuses for the purpose of giving light and color treatments should be in all hospitals and sanitariums. Light properly used will cause the absorption of inflammatory exudates, both in acute and chronic diseases. An electric light bath will produce free perspiration and elimination of the Turkish bath without its discomfort and depression and with the advantage of the therapeutic effect of the light. Solar heat produced by concentrated light, is one of the best of cauteries and has one advantage over all others, as it is under control of the operator. The system receives this treatment kindly. The inflammation and irritation following its application is mild and of short duration, the pain subsiding on removing the lens. Blistering is avoided as the burning is carried beyond that point and the tissues are carbonized. When applied to diseased parts, the morbid tissue succumbs to the cautery long before natural structures adjoining, are injured, which allows the operator to boldly attack morbid growths without fear. Most all instruments that are on the market that are made for the purpose of using light and color as therapeutic agents are made for the light or color reflection to be applied direct to the skin, and it should not be made to pass through any clothing, no matter how diaphonous or light in weight. In some future time light and color therapy will receive due attention, as it is a powerful therapeutic agent in various diseased conditions and no physician can afford to allow prejudice to cheat him out of valuable and useful therapeutic agents which are not expensive to use and require but little skill to use, and no danger in their use. If any physician will take up the subject of light and color therapy and study it as they would one drug or other therapeutic method, keeping in mind that it is not a "cure all," and like all other things occasionally fail, they will be well repaid for their time and trouble.

MENTAL THERAPEUTICS

By R. J. Smith, M. D., Smithfield, Utah.

The curative influence of the mind has engaged the attention of some of the most successful practitioners of late years and the new doctrine is receiving substantial support from many of the rank and file of the profession. The mind or that part of it, the unconscious or subconscious mind, has a powerful influence for good and ill on body processes. If it thinks disease, disease will be produced. If it receives a suggestion for ill, in time there will be alteration of function. Per contra, in the presence of disease, a suggestion for good may and often does cure.

This method of cure, scientifically termed mental therapeutics, has long been the province of the quack and the charlatan. By this means, many so-called miraculous cures have been effected. Consider the millions of cases cured by christian science, faith healing, laying on of hands, shrines, et al. The secret of the quack's success lies in the mere force of assertion constantly applied against the idea of disease in the patient. The reiterated suggestion soon produces a like force in the patient and improvement results. No wonder quackery flourishes to such an extent today when practitioners shut their eyes to the principles involved in these cures and refuse to open them to the fact that the methods of the quack do bring

results and that is what our patients pay their good money for.

This great and mysterious power for good in the battle against disease, is not currently recognized by the profession; at least its influence has never been turnd to account scientifically; its principles are left an almost unknown field. All successful practitioners use it indirectly, often unknowingly, ascribing their success to accurate diagnosis and therapeutics, failing to realize perhaps, that the personality, the supreme confidence, the suggestive force of the physician, are more potent for good than all the drugs in his materia medica. I should not wish to be accused of lack of confidence in accurately prescribed, definite, active remedies, believing strongly in their remedial effects, but wish to accentuate the fact that the mental attitude of our patient needs drugging (by suggestion) at the same time that our material drugs alter the disordered function of body organs.

Thus it is that the dispensing physician, other things being equal, is more successful and has more faith in his remedies than the prescribing physician. He gets results that the other fails to get, by reason of the combination, an active remedy and force of suggestion. Mental therapeutics scientifically considered, is yet in its infancy. Its influence spreads over the whole field of medicine and disease. The foundation of this science rests upon the contention that there is no physical change without a corresponding mental impression, and conversely mental impressions to affect physical changes; they produce and they cure disease. How to convey these impressions to our patient so as to produce the most good is the aim of all students of this new science. Once received, their influence is certain.

Mental therapeutics will never displace the rational use of active remedies, never while disease lasts, and man is such a foolish animal, so eager to fight against any seeming infringement of personal liberty, so slow to grasp health-facts, that the services of the medical profession will always be in demand to protect man against himself. Could we inoculate mankind with the knowledge that attention to four things would keep him in health. Perhaps then we should have to look for a job in other directions. These are the "natural" methods of treating disease —diet, exercise, bathing and massage; they are always preventives.

FIRST AID IN RAILWAY WRECKS

By J. W. Pettee, Denver, Col.

In nearly every case, the surgeon recommends the first aid appliances to be placed in the baggage cars, the most dangerous place in the whole train, as the baggage car is nearest to the engine and is often made into kindling wood, or piled upon the engine, and takes fire, or is filled with escaping steam, so that the first aid appliances are destroyed. You must then wait until a wrecking train can be had. All this time perhaps you have a dozen or more people with broken arms or legs, suffering for want of necessary splints and stretchers, bandages, etc. I would suggest putting a good rigid litter in each baggage car, but nothing more. I would place in every passenger coach, in the conductor's locker a folding stretcher, and two lengths of splints, a small torniquet, and a roll of bandage, as the surgeon has no time to apply permanent dressing at a wreck; but with these appliances any man or woman can apply them and save much suffering, and perhaps life, before the surgeons arrive. A fracture pillow might be added with small cost. Even should one-half of the train be destroyed, more than likely a person would be able to find an assortment in one coach at least.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

A QUESTION OF DIAGNOSIS

Under the above title Dr. Landers, in a recent issue, presents a difficulty that has occurred to others as well as himself. So long as the patient dies in the regulation manner nothing is to be said: but let anyone proclaim his belief that he has really done something useful by the application of drugs, and he had better not have been born. The degree to which the medical profession in so-called high places, is saturated with Eddyism is marvelous. Her absolute proscription of drugs has become the shibboleth of medical Philistinism.

In a lecture before his class, Prof. Neiswanger recently remarked: "If you succeed in curing any case that, according to the orthodox beliefs, should have ended in death, say nothing about it, or you will get yourself into a whole lot of trouble." This summarized the results of his discovery that nephritis may recover under electrical treatment. His first cure has now endured the lapse of six years, and he has many times confirmed it by others.

In early days there were two operations for stone in the bladder, known respectively as the greater and the lesser operation. Under the first the patient invariably died; under the lesser he had a fair chance for his life. Naturally, the profession insisted on the greater, and even went so far as to administer an oath to the neophyte that he should under no circumstances so far forget the dignity of the cult as to perform that beggarly little procedure. This was long before the day when the absence of an autopsy spoiled a case.

To him who prizes first and last the front seats in the synagogue it is better to be impotent—therapeutically—than to be heterodox. For many a year the views of the profession as to the cure of membranous croup were succinctly expressed in the dictum that if the patient recovered it wasn't croup. So as to tubercular consumption—and we allowed ourselves to be 'bluffed' out of our cures until the records of hundrsd of thousands of autopsies showed that more than a third of the human race have had tuberculosis and recovered from it. This gives us courage to believe that maybe we have contributed to the cure sometimes, especially when we make a definite plan of therapeutic attack, based on our knowledge of the pathologic conditions and of the properties of our remedies, and the results confirm our expectations.

The ground of the doubting Thomas has now shifted from tuberculosis to pneumonia and typhoid fever, and similar diseases which our ancestors never doubted their ability to treat successfully. In the case of tuberculosis we were asked to prove a negative, to combat a simple denial for which there was no proof proffered, a mere presumption without tangible basis, and the same thing is presented today. The sceptic says: "You have no treatment for pneumonia. No drug in any manner checks the course of the disease or influences a case toward recovery. If you make any claim to cure you will have to convince us you are not mistaken as to the diagnosis first, and as to the influence of your treatment afterward."

There is no proof offered as to the correctness of this view, no weighing of probabilities, no hypothesis of a different diagnosis offered and defended. As the excruciatingly, scientific diagnostic methods demanded are not ac-

cessible to the everyday physician who has to treat the sick, his testimony is rejected and only that of the laboratory men who never treat cases or diagnose them at the bedside is accepted—and they are ignorant of real, genuine clinical diagnosis, and if they could master it, do not know enough real therapeutics to treat a boy with the mumps. No physician could possibly retain a practice who waited for the tedious processes of the laboratory before beginning his work—and then it would be too late for effective intervention. We have to take chances, and to make our diagnoses on probabilities instead of waiting for absolute certainty. We can not afford to take a case of hyperpyrexia and await the autopsy for the diagnosis, we just have to buckle down to work mighty quickly, and get that temperature down to a viable point, and then we can diagnose at our leisure. There must be a whole lot of knowledge and some intuition in the make-up of a successful practician.

The recent graduate who passed such a brilliant examination before the State Board said to his old father, who couldn't pass one end of it: "Jones seems to have relapsing fever." "Relapsing snakes," yelled his father, "there ain't a case within ten thousand miles. He's got the ague." "I'll get a blood specimen and search for the plasmodia," said the son. "He'll be dead before you find 'em," replied the old man; "Give his ten-and-ten, and inject twenty of quinine hydrochloride and you'll save his life," which was very unscientific and irregular indeed.

We could not for a moment accept the old doctor's diagnosis and record the case as one of malarial infection and an instance of the control over this malady exerted by quinine. Modern science demands far more than this of the physician, and really the fact that only the instant intervention saved the patient from a fatal congestive chill is quite beside the question.

Are we here to save people's lives, or to make scientifically correct and complete case records for museum purposes? If we are real physicians we must learn to take chances and move quickly, or we will lose out. But this does not mean that we are to neglect diagnosis or fail to take every possible means of perfecting our knowledge of disease and of our patient's true condition. The 'real physician' has room in his head for more than one idea at a time.

It is not necessary to antagonize or belittle the work of the laboratory. No one but an ignoramus would do that; but we must place this work where it belongs and not suffer the clinical necessities to be pushed aside. It is not the least merit of the active principles as remedies that the precision with which their action has been determined allows us to apply them instantly and with certainty to the conditions they will remedy, without waiting for the absolute certainty as to the name-diagnosis which only prolonged laboratory investigation can afford us. We can treat fever, or autotoxemia, or vasomotor perturbations, or pain, or nausea, without waiting to ascertain whether it was fish or oysters that caused the upset of the digestive apparatus.

We welcome Dr. Lander's article as a return to common sense, and hope to see many more such in The Recorder, and the same applies to the articles by Drs. Blanton and Smith. We hope to see the clinician stand up manfully for himself and refuse to be annihilated by supercilious pessimism.

W. C. Abbott, M. D.,
Chicago, Ill.

"Folly's crown of follies is on the head of him who tries to pay his debt to humanity by mere money," writes William Allen White in The American Magazine.

A FEW PRACTICAL POINTERS

Recently I opened a large glass stoppered bottle that was filled with a dark powder and as I opened it I turned the stopper a few times after it came loose, and the thought struck me that it must surely cut off fine particles of glass. I looked at the powder and could see quite a lot of fine glass. I immediately poured the top of the medicine off and put the stopper in, turned it a few times, and could see as much glass on the medicine as I did before. I would like to know what the medical profession thinks of glass stoppered bottles and if this small amount of glass ever does harm?. I am of the opinion that it often causes serious results and would like to know the opinion of others in regard to the matter.

Recently I was talking to a very old physician who had almost retired from practice, and asked him what he considered to be the best remedy for chronic bronchitis? He said to take good olive oil and enough good whiskey to cut the oil, and give in tablespoonful doses, or that apple brandy could be used in place of the whiskey, and that he had also used whiskey and glycerine for chronic bronchitis. He told me that ointment of stramonium leaves or seed would cure hemorrhoids in a week or two and that croton oil given in small doses was the best remedy for diarrhoea that he had ever used. He also told me that he used a combination of bismuth subnitrate, oil of spike, glycerine and water by enemeta when a patient lost control of the action of the bowels. He highly recommended potassium iodide for retention of urine. This old doctor was a strong believer in hot air treatment. He used a hot air instrument for six years and said he had never failed to cure any case of rheumatism that he had ever treated and that he alawys got results from it at once. I talked to a very intelligent patient that he had cured of rheumatism with hot air. It was an old man who said that it was all he could do to walk on account of rheumatism in his right leg, mostly in the knee. Two treatments cured him. Another man who got drunk and a horse ran away with him, and another one ran over him, injuring one arm so badly that he thought it was broken, could not move his fingers or arm or have his arm straightened. He went to the old doctor to see if his arm was broken. The doctor examined it and said it was not broken, and when he examined it found that by this time it was badly swollen. He put it in hot air and when he took it out the swelling was almost all gone. He could straighten his arm and use it as good as he ever could, and when the old doctor came out of his office after the treatment he found him handling a rocking chair in all shapes to show the people that it was well, and went home and went to chopping stove wood. The old doctor cured one case of dropsy of several years standing that had resisted the treatment of all the doctors in the country. It took twenty-four treatments to cure this case of dropsy and the patient has been well about three or four years without any return of the trouble. He also cured a sore on a woman's arm that he thought was cancer and that had been called cancer by all doctors that had seen it, which had resisted all medical treatment for several years.

The old doctor once got very sick and his temperature ran very high and the ordinary remedies failed to do much good for him, and he had the hot air applied to him locally, and said it did more good in controlling the temperature than anything. He claims that hot air is beneficial in almost all diseased conditions and says it certainly deserves a thorough trial in pneumonia, enlargement of the spleen, caused by chronic malaria, congestion of the liver, female complaints, etc. The old doctor has only a partial outfit; one for local treat-

ment only, and says that if he were a young man he would certainly get a complete outfit. Hot air treatment deserves further investigation, as I am sure it is a very valuable method of treating a great variety of diseased conditions and will cure many things that drugs will not reach.

JOHN ALBERT BURNETT, M. D.,
Dean Springs, Arkansas.

NOTES AND COMMENTS

The August Recorder comes to us with its usual quota of good things. I often think we profit more by the little hints and helps than we do by reading the long and learned dissertation. Of late years my contributions to medical journals have been in the way of practical and seasonable paragraphs. These do not always bristsle with profound erudition and unctuous rhetoric, but nevertheless I have a call about every month from some new journal asking me to contribute something to its pages. Preparing and writing these notes is always of some benefit to myself whether it is to anyone else or not.

In July, 1906, a girl fourteen years old came to me with a tumor on the face over the molar bone. The tumor had been growing for three months and in circumference was about the size of a half-dollar, and perhaps one-half inch thick in the center. Brownish in color and sacculated. Iodine had been used upon it, which seemed to increase the growth of it. I injected into the base of the tumor two drops of pure carbolic acid, two drops of glycerine and two of sterilized water. There was immediate blanching of the growth and sloughing followed. I raised one side of the scab each day and applied peroxide of hydrogen. The wound healed very kindly, never causing any pain. I think there will be no scar. Dr. Banes of St. Joseph, Mo., suggested the above treatment in this case, or electrolysis, so I chose the former with very happy results.

Abortions and premature labor are very annoying to most physicians and attendance upon these cases do not, as a rule, add materially to our reputation. However, I am optimistic enough to believe the majority of cases to which we are called would avert the condition if they only could. They have simply formed the abortive habit. The last year or so I have given aletris cordial to women belonging in the last named category and I find it tides over the greater number of them. It acts as both a uterine tonic and sedative.

Lead pencils are not very cleanly objects, but they are used by the hands in the automobile factory across the street in removing metallic motes from the eye. They tell me the lead of the pencil is the least painful of any instrument they ever have used for that purpose. The graphite is not at all sesptic and if the pencil is newly sharpened perhaps no greater harm may be done with a lead pencil than with a steel instrument. I am not recommending the lead pencil for this purpose, but only relate this incident in passing.

W. F. MARRS, M. D.,
Peoria Heights, Ill.

MILD PARAGRAPHS

If you are naturally rude it's pretty hard to disguise the fact.

Are you so conceited that you believe people never talk behind your back?

The trouble is some pushers are as liable to push on the wrong side as on the right.

Watch your side issues. Don't give them so much attention as to ruin your main issue, which makes you a living.

Don't be mad if you are interrupted when you are talking. It may have prevented you from saying something foolish.—Atchison Globe.

QUERIES

1st. State briefly in next issue of The Recorder the most important and earliest symptoms and signs of appendicitis, and best methods of diagnosis.

2nd. Do you understand that there is any water in lungs of a person drowned when body is immediately, or within two hours, recovered? Or any water in lungs of a person drowned but saved? They claim to roll a person on a barrel will get water out of the lungs. Is this true? Does it not cramp the stomach entirely?

3rd. A child four years old had finger cut off square by accident. Would flesh cover the end all right, or would it be necessary to cut any of the bone out if the bone does not protrude? If bone protruded and had to be cut off would you give to the child ether, cocaine locally, or freeze finger?—X. Y. Z.—M. D.

Dr. Charles McBurney in the International Text-Book of Surgery states that there are two prominent symptoms common to all forms of appendicitis—viz, pain and vomiting; but there is a great variation in the character of these cardinal symptoms as well as in the other symptoms associated with them, according to the nature of the lesion in the appendix. McBurney classifies the different forms of the disease as: 1. Appendicular colic; 2. Catarrhal appendicitis; 3. Suppurative appendicitis; 4. Perforative appendicitis; 5. Gangrenous appendicitis; 6. Chronic appendictis. (a) Relapsing (b) Recurrent.

Appendicular colic usually begins suddenly with a sharp attack of pain, which may be general or referred to any region of abdomen but sooner or later becomes localized in right iliac fossa, associated with nausea or vomiting and some prostration. The temperature is usually a little below normal, one-half to one degree. Pain may persist after vomiting has ceased and the point-tenderness may persist a day or two after acute symptoms have subsided.

A diagonistic point in appendicitis mentioned by Dr. L. Kirby, in the American Journal of Surgery, abstracted in the Practical Medicine Series of Year Books is: "The patient lies upon the back with legs fixed and feet resting on the bed, the knees being steadied by a third party. With one finger over the origin of the appendix (a little external to McBurney's point) press down with as much force as the patient will tolerate, and while keeping up this palpate and examine other parts of the abdomen; much, if not all, of the pain complained of in other portions of the abdomen will disappear—the patient merely suffering where the one finger presses. As soon as this finger is removed other tender points will reappear upon examination of the abdomen as usually made."

In the case in which the child had the finger cut off, it certainly would be better to remove some of the bone so as to secure good flaps to cover the bone. We should not use cocaine in such a case. Ethyl chloride locally would give complete anaesthesia in such a case and would be satisfactory.

TRUTHS ABOUT SLEEP

Norman Bridge, Los Angeles, Cal. (Journal A. M. A.), considers that the teachings as to the necessity of a large amount of sleep is often erroneous and leads to overdrugging by powerful and somewhat dangerous medicines. He lays much of the evil to the mental attitude of the sufferer. The horrors of insomnia are but slightly due to want of sleep and very much due to the fear of sleeplessness with which the patients are nearly always afflicted.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

FEES FOR INSURANCE EXAMINATIONS.

The Medical Examiner-Practitioner feels hurt by a certain criticism of its position made in the Recorder for June. It claims that we imply that "because of their money power the Medical Examiner's staff is leaning to the side of the insurance companies." The Examiner is a little hyper-sensitive. The incriminated passage says nothing of a "because." It states merely the fact that the Examiner's editorials favor the side of the companies. As to charging or implying that the writings in or pages of the publication may be purchased by financial considerations, it was not intended to be done. The writer has been a more or less constant reader of the Examiner since its earliest infancy, when a subscription to it was presented to him by the Fidelity Trust of Philadelphia, and has gotten a great deal of valuable information out of it. But during all these sixteen years he has retained the impression —perhaps a wrong one—that in all questions of policy, the journal favored the companies rather than the physicians. He never thought that it was "purchased." As many of our readers do not see the Examiner, we think it but just to print the Examiner's own statement of its financial resources:

"An analysis of our subscription list shows that there are forty-three insurance companies subscribers to the Medical Examiner-Practitioner. Of these thirteen are Canadian companies. Our subscription price being $2 a year makes a total of $60 from the American insurance companies, to this must be added receipts for advertising used to present to our readers the financial statements of the Mutual Benefit of Newark, and the Aetna Life of Hartford, a total of $43. This advertising came to us without solicitation. This makes a total financial revenue from the insurance companies for the past year of the munificent sum of $103. No other money whatsoever remitted either in the way of subsidy, clandestine support by pretended subscriptions or otherwise is received either by individuals forming the company publishing the Medical Examiner-Practitioner, our editorial staff, or by the company itself. The Medical Examiner is sustained by the subscriptions paid by its subscribers and by the income from its advertising pages. And these alone."

What interests our readers chiefly is to learn the practical outcome of the controversy about the fees. It is in a fair way of being settled, by arbitration, as it were. The question has been taken up by many medical societies of late and it is now quite generally accepted that the minimum fee for a complete examination for an old line company is to be $5.00, for one without examination of urine, $3.00. It is fair that the smaller amount of work should command the smaller fee. It remains to be seen, whether in the end it will prove to be more economical to the companies to admit a large line of risks without an all-important test as the urinary, than to pay the larger examination fee.

The discussion of the matter in state and other societies has uncorked a lot of intemperate talk and various foolish resolutions and impracticable plans. But they contrast favorably with the resolutions adopted by the American Association of Medical Examiners, whose secretary, we might incidentally mention, is also managing editor of the Examiner-Practitioner, insipid, full of

platitudes, soft-treading, so as to step on nobody's toes. Let us hope that the report, that the governing group of the A. M. A. propose to the insurance companies that the qualification and ability of all examiners shall be investigated and certified to by the recently appointed insurance committee of the A. M. A., is not correct.

THE FLY PEST.

The dangers to public health from the mosquito are now fairly understood and being taken into account, but the far greater ones from the ordinary fly are scarcely regarded. The role played by the fly in the spreading of typhoid fever in our military camps during the Spanish-American war has been clearly proven in the report by Vaughn and Reed and further investigations show that the common fly is the most dangerous carrier of all forms of infectious germs. The domestic fly lays its eggs in cesspools, drains, liquid manure and dung heaps of all kinds. The larvae grow with surprising rapidity, attaining their full size in summer in eight days. One fly may give birth to millions of others, as it breeds continuously for several months, from May to October. Their facilities for distributing disease germs are unlimited. Covered with germs gathered from tuberculous sputum or typhoid dejecta or other infected discharges, they alight on the food standing on the table ready to be eaten, they swarm around fruit stands, in bakeries, meatshops, in fact they are ubiquitous and deposit everywhere the germs they carry and their own dejecta containing uncounted bacteria. It is logical then, that scientific men urge relentless war on the fly.

It would be useless to try to destroy the myriads of half-grown flies, but it is possible to impede or prevent the hatching of the eggs. The breeding places are the proper places for the attack. Strong solutions of sulphate of iron or copper, etc., are effective at first, but these salts undergo chemical changes and soon loose their efficacy. Ordinary soda mixed with ordinary chloride of zinc in the proportion of five kilogrammes of each to every cubic meter of matter, is sufficient to kill the larvae and prevent the hatching of further eggs laid in the same place during the season. This is useful for cesspools, but not for open drains. The most satisfactory result is obtained from crude petroleum. This, on being mixed with water and poured into a drain, forms a stratum of oil which destroys the larvae and prevents eggs from hatching. The oil is so tenacious as to adhere to the walls and form a coating over solids which remains attached for a long time. This layer of oil also favors the development of anerobic bacteria causing a rapid liquefaction of solids and making them thus unfit as a breeding place for flies. Mixed with earth or lime the oil may be freely sprinkled over manure heaps and stable refuse.

It is time the public be enlightened on the role the domestic fly plays in the dissemination of disease and on the simple means at hand to combat it effectually. Sporadic attempts by single persons can do little good; it is necessasry to enlist the co-operation of all people.

THE DIVISION OF FEES.

Some questions have a disconcerting habit of refusing to stay settled. Like Banquo's ghost they will not stay down. The inference is, that certain principles involved in them have been overlooked or false standards applied. Medico-sociological problems are especially prominent in this connection, probably because the code of ethics has been dragged in to solve what is only a bread and butter question. Take as an example the question of division of fee, a subject of discussion for some time, but still an open one, as shown by the reference to it in Dr. Mayo's presiden-

tial address. The word has gone out that a division of fee between specialist and general practitioner is dishonorable. Were the physicians of a generation ago, with whom this was an unquestioned practice, less honorable than we are today? Notice, that in the discussions it is invariably the specialist, the fellow who is expected to do the dividing, who talks about its immorality, while the other fellow, the general practitioner, says nothing.

Dr. Emory Lanphear of St. Louis has tried to bring out an expression of opinion by the many. He sent out five thousand reprints of a pamphlet on the question in which he advanced these conclusions: "It is not right for the doctor to demand nor the specialist to pay a commission. There is a vast difference between paying a "commission" and dividing a fee under appropriate circumstances. For a "division of the fee" is not only proper, it oftentimes is imperative, if an injustice is not to be done the family doctor." As such appropriate circumstances he names: joint attendance upon the patient by specialist and doctor, they acting practically as partners for the time being, the responsibility and care of the after treatment falling solely to the family physician, the physician leaving his practice to accompany a patient to the city, in order that a competent specialist be secured. Then division of fee is honorable and just, no attempt being made to conceal the transaction from the patient. Of the replies received more than two thousand commended the conclusions, less than one hundred condemned them.

The outcome has value only as showing that a majority of physicians believe that the interest of the family doctor must be properly taken care of. Really, we fail to see the vast difference between paying a commission and dividing the fee. It's the difference 'twixt tweedledum and tweedledee. It is whipping the devil around the stump to make such hair splitting distinctions. If the custom cannot be justified from the standpoint of common every day business honesty, then it matters not what you name it—it must be abandoned. The crux of the matter is in its publicity. Let the patient know about the transaction and then call it, what you please, commission or division. The code of ethics of the A. M. A. has nothing to do with it; it is a question of honor between men and men. When the medical profession recognizes this universally, then this vexatious question will be settled and stay settled.

Dr. E. S. McKee, of Cincinnati, in a recent article on this subject says: The cause of much of the trouble is the fact that there are too many specialists and too many specialties. That a young man just out of college and the hospital should start up as a full-fledged specialist is ludicrous in the extreme. He readily becomes a narrow-minded bigot, and can only see through the ophthalmo scope, cystoscope, speculum, etc. Many of our specialists of today are specialists only in so far that they can extract a larger fee from the patient and with less feeling than his faimly doctor can. We cannot have a good, broad-minded, honest specialist who has not grown up out of the ranks of general practice. He cannot be a good specialist who has not first been a good general practitioner, and, further, I doubt if he can remain a good specialist for ten years without now and then doing some general practice to keep him from forgetting what he knew before he went into his specialty and to keep him from getting hide-bound. It is well known that one can take a patient to several specialists in several specialties and each one is cocksure that the trouble lies in his department.

Hospitality is often nothing more than loneliness.

MEDICAL PROGRESS

By E. S McKEE, M. D., Cincinnati, Ohio. Lecturer on Clinical Gynecology, Medical College of Ohio University, Cincinnati

Insurance Scandals.—Dr. Walter R. Gillette, formerly medical director of the New York Mutual Life Insurance Co., and until recently one of its vice-presidents, has been indicted by the grand jury on six counts for perjury and forgery. Dr. Gillette is Fellow of the New York Academy of Medicine and physician to several hospitals.

* * *

An Unfounded Charge of Assault.—At Gloucester, England, Mr. George Norman Robbins, L. R. C. P., London, M. R. C. S., England, was held to answer a charge of assault on a girl aged six years. Without leaving the box the jury returned a unanimous verdict of not guilty, which was received with applause and Mr. Robibns was warmly congratulated by his many friends.

* * *

Jail for Gonorrhoeics.—According to Dr. Joseph Price (N. Y. Medical Journal), there are more and better reasons for locking a man up in jail while he has the gonorrhoea, than there are to incarcerate a common murderer. In one case there is only one victim, and that victim is dead; in the other there may be a dozen or more innocent women infected and doomed, possibly, to unsexing surgical operations, to lose their lives, or to untold suffering and sorrow as long as they shall abide.

* * *

Medical Experts, Protection Of.—A recent decision in a Paris court declares that medical experts summoned by the court, are "citizens charged with public service," and as such come under the special protection of the law. The court condemned to fifteen days' imprisonment an individual convicted of insulting the experts in a recent case before the court of appeals.

Prof. Thoinot, an eminent authority in legal medicine, has been appointed to the chair in this vacancy left vacant by Prof. Brouardel of Paris.

* * *

Tuberculosis of the Cervix.—Polloson (Revue de Gynecologie) has encountered two cases of tuberculosis of the cervix and collected fifty-five from the literature. He reviews and gives the details of these fifty-seven cases. He favors reasonably conservative measures of treatment. When the adenexa are sound he would restrict intervention to vaginal amputation of the cervix. In case of advanced lesions total abdominal hysterectomy is indicated, as the traumatism of amputation of the cervix might rearouse the process.

* * *

Chloroform Hallucinations.—A singular action for divorce has been settled by the Tribunal of the Seine. The wife of a medical man wished to divorce her husband. She said that one day her husband went to a friend's house to operate on the friend's nurse. When the girl awoke from the anesthetic she said that she had seen the medical man embracing her mistress. In defense, the medical man called Dr. Brouardel and Dr. Debove, who both said that patients under an anesthetic were very apt to develop hallucinations which were wont to endure after they woke up. The court agreed with this evidence and threw out the wife's pleadings on these grounds.

Delicense Liquor and Drug Habitues.—The North Carolina State Board of Medical Examiners at its recent session, emphatically expressed its willingness to de-license any physician of the state whose addiction to the alcohol or drug habit has gone to such an extent as to unfit him for the proper practice of his profession by calling the attention of the state and county societies to the matter and asking their co-operation.

* * *

Gonococcic Infection in Women.—Joseph Taber Johnson (N. Y. Medical Journal), finds the chief danger to women in the ascending gonococcic infection, which is liable to involve the tubes, ovaries, and peritoneum, through the uterus or bladder, ureter and kidney through the urethra. Every consideration demands the most thorough, energetic, and curative treatment of the acute attack, before the vaginal or cervical disease could spread upward. We should treat every gonorrhoeal woman with the possibility always present in our minds that she may die of pelvic disease.

* * *

Damages for Injury Produced by X-Ray.—A man in the early stages of locomotor ataxia, in London, was sent by his physician to a firm of chemists for the application of the X-rays. The rays were applied ten or twelve times and the physician was never present. The man who administered the treatment often left the patient during the treatment. His feet began to blister and he suffered greatly. Eventually the soles sloughed off and he became unable to walk. He brought an action for damages against the firm of chemists. The jury returned a verdict for the defendants.

* * *

Alcohol in Simple Elixir.—Heffner (Apothecary) calls attention to the fact that not a few physicians prescribe to very small children mixtures containing the simple elixir, not calling to mind the amount of alcohol which it contains. Also the medicinal elixirs of which it forms the base as elixir calisaya, elixir gentian, etc. The bromides are frequently prescribed for children in simple elixir and the child takes enough alcoholate on top; hence, unless the patient mide. He mentions another prescription consisting of chloral hydrate, sodium bromide and simple elixir. On standing, this will contain chloral alcoholate on top; hence, unless the patient is instructed to shake the bottle, will receive it all in two doses. He suggests the use of aromatic water or simple syrup to obviate this danger.

* * *

Has Sarsaparilla Real Therapeutic Value?—Cullingworth (British Medical Journal) contributes an article on this subject and recalls the fact that Clifford Allbutt strongly recommended sarsaparilla in the treatment of syphilitic cachexia. Cullingworth reports a number of cases treated by sarsaparilla which showed more gain in weight and improvement than those treated by the iodide of potash and iron. Sir Felix Simon said in the British Medical Journal that Zittman's decoction of sarsaparilla would produce most excellent results in the treatment of syphilitic conditions and on the continent it is largely used. The Therapeutic Gazette discussed this subject editorially many years ago and made the statement that many physicians firmly believed that iodide of potassium exercises a more advantageous influence as an alterative, both in syphilitic and other conditions, if it is combined with the compound syrup of sarsaparilla. At that time this view was criticized by many who ridiculed the idea that sarsaparilla really possesses any usefulness, besides its euphonious name, which would be a beautiful subject on which to write an opera.

Attack Constitutionality of Washington's Medical Law.—Four physicians have filed suit in equity against the state board of medical examiners and its individual members. The complainants say they are reputable physicians and are able to comply with the state laws regulating medicine and surgery, but are denied their right by legislation which provides for a state medical board vested with examining and licensing powers. They further charge that they are denied the right to be examined, because under the provision of the act each applicant must be a graduate from a medical college which now has a four years' course. They state that there is no such medical college in the state and that the board conducts its examinations in an "unreasonable, unfair and arbitrary manner," asks misleading questions, confusing to applicants, and thus affording itself a pretense for denying the license.

* * *

Lumbago.—A rapid and satisfactory cure for this very unsatisfactory complaint consists of an ointment recommended by Kenyon and referred to in the Therapeutic Gazette, known in the British Pharmacopoeia as unguentum antimonii tartaratum. Perhaps a better preparation and rather more modern would be a twenty per cent mixture of antimonium tartaratum in equal parts of vaseline and lanoline. This rubbed into the back once or twice daily until pustulation appears, usually affords relief. Linimentum tiglii, N. F., or linimentum crotonis, B. P., if used in the same way will often succeed as well if not better, especially in cases of chronic sciatica and allied disorders in the hip region, and in such thorough rubbing has much to do with the success of the remedy. The affection will of course be likely to return, but it will afford great and prompt relief. Children affected with a persistent cough may often be relieved by having this ointment or liniment hung on lint and laid on the chest, remembering in the case of children not to rub in and to cover it with oiled silk.

* * *

Reciprocity is a subject which has been receiving its quota of attention during the past few months. It was of importance enough to receive considerable space in the addresses of the presidents of the American and British Medical Associations of the present year. Reciprocity in the sere and yellow leaf is a question which will bob up. What to do with the old doctor who has worked in the harness for twenty-five, thirty, forty, fifty years and from some change of fortune, most likely failure of health in himself or some one dear to him, finds it necessary to change his residence to another state where he is not allowed to treat perhaps his own child whom he has watched over a lifetime. It has been suggested that the retired officers of the United States army, navy and marine be allowed to give certificates on an examination to medical men, which should allow them to practice in any state or at least be accepted by all states as allowing them to practice. It is suggested that any physician holding a diploma from a reputable college, who has been in practice for ten years, be allowed to practice in any state in the union. Certainly if he has sustained himself for ten years in the practice of medicine, he knows something about it. The Illinois State Board of Health allows a rebate as it were of five per cent for each five years that a practitioner has been in practice. This makes it somewhat easier for the old practitioner who has forgotten more than many of the young men know. Much of the trouble is from those states which are health resorts. They want our patients but their doctors don't want us. In fact it is a form of protection and an extremely selfish one. We should do away with ignorance among those entering the practice

of medicine. The minimum of preliminary entrance qualifications to enter upon the study of medicine, should be agreed upon without delay. Follow the example of Illinois and mitigate as much as possible the examination for the old practitioner. An examination or degree should be given by the federal government which should be accepted by all the states with honor. Much wrong is done men who have practiced for many years and then are compelled to remove to another state. Laws restricting medical practice are not made to restrict the practice of honest men or to enable practitioners of one state to exclude honest men of another state from competing with them. They are to keep the charlatans and the dishonest from fleecing the foolish. Selfishness is at the bottom of much of our difficulty as to interstate reciprocity and should give way to broader and more generous views. It is un-American.

* * *

Jury of Matrons.—Rarely of recent years has it been found necessary at the trial of a woman to summon a jury of matrons, but such was the case recently in England, where Carrie Thomas was convicted before the Lord Chief Justice of the crime of murder. When the ordinary jury of men returned a verdict of guilty the prisoner plead that she was pregnant. The Lord Chief Justice said that this was not the time to urge that plea and proceeded to pass the sentence of death. After sentence the prisoner, by her counsel as well as by herself, plead pregnancy and the judge thereupon ordered all the doors to be shut and the sheriff to summon a jury of matrons de circumstantibus. This was done and the jury of matrons was sworn like a grand jury, the clerk of the assizes administering the oath in the following manner: "That you will diligently search and try Carrie Thomas, the prisoner at the bar whether she be quick with child or not, and that your verdict shall be according to the best of your skill and knowledge." The jury of matrons retired for a half an hour and returned with the verdict that she was "quick with a living child." The judge thereupon ordered that the sentence of execution be respited until the child was born or until there be no possibility of a child being born. The reprieve is granted not for the woman's sake, but in favorem prolis, and it holds good in all cases, either until the woman shall have been delivered of a child, or time shall have proven that she was not with child. The French law is satisfied with medical evidence of pregnancy. New York has provided by statue that if there is reasonable ground to believe that a female defendant sentenced to death is pregnant, a jury of six physicians shall be empanelled to inquire into the fact, and if she be found by the inquisition "quick with child," the execution is suspended until the governor issues an order directing execution, which he may do as soon as he is convinced that she is no longer "quick with child," or he may commute her sentence to imprisonment for life. In a Norwich case, reported in the Medical Gazette, a jury of matrons wrongly found a woman not with child, though generally these juries of matrons lean to leniency. The frequency with which women "pleaded their belly" is remarkable until one remembers that this was the old hanging days when to commit any felony was a capital offense. Among the records of criminal proceedings it has been frequently found that a woman "pleads her belly" the second time when she is again brought in court to receive sentence. It is to be surmised in these cases that the jailor was sorely tempted.

* * *

Prolapse of the Umbilical Cord, Its Treatment.—Dr. George B. Twitchell,

of Cincinnati took the prize on this subject in the New York Medical Journal. This journal gives out a subject and to the one of its readers who writes the best essay on this subject, gives a prize of twenty-five dollars. The subjects are usually quite practical and the papers are often of very great real value. Dr. Twitchell has found the arrangement of the umbilical cord very good to withstand pressure without stopping the flow of blood, and that Wharton's jelly is a decidedly good protection of all the vessels. In every breech case there is a physiological prolapse of the cord which is ordinarily not compressed by the breech, but by the aftercoming head. Considering all things it is strange that the infant mortality from prolapse of the cord is so great, and it is probably true that this condition, properly treated, would not be so dangerous if it did not occur associated with other conditions unfavorable to fetal life. It occurs where the presenting part and the superior strait do not fit well, in the transverse and foot presentations, and in contracted pelvis where the head does not engage, and sometimes in multiparous women when the lower uterine segment is very loose. Where we simply deal with a presentation of the funis, the membranes being intact, we preserve the membranes if possible until full dilatation occurs; after this the treatment will be as in true prolapse. If the os is fully dilated and the membranes ruptured, the child should be delivered as quickly as possible. In transverse cases, of course, by podalic version, in head presentations occasionally forceps could be used, but as a rule, when the accident occurs, the head is so high that version offers an opportunity for much quicker delivery. We must quickly deliver when the umbilicus appears at the vulva. This same compression occurs in normal breech cases, and here an accepted rule is to deliver in less than eight minutes. In extracting the head sole, dependance should be made on Mauricaus method. Forceps to the aftercoming head is easily applied and saves much time. A clever operator can turn a child in less time than it takes to prepare a loop for a catheter, and deliver before a cord is replaced permanently if it ever is. When the os is not fully dilated we meet with a much more serious condition. Here the indication is to dilate as rapidly as possible, then turn. Manual dilatation is usually the best method. Very often the os can be dilated in a very short time. In miltipara we may have a very soft cervix and here the operation becomes very easy. It is possible that a Champetier de Ribes balloon could be used if the cord could be carried above it. In manual dilatation the cord can be protected by the hand during dilatation. Unfortunately too, too many cases come to us after the cord has ceased to pulsate. Here of course the mother has to be delivered of a dead infant by whatever method is safest and best for her.

* * *

Tuberculosis, Prevention Of—Dr. C. H. Mayo, in his president's address, delivered before the Minnesota State Medical Society, said: In considering the great scourge of the human race, tuberculosis, we must not neglect to mention the preventive surgery of the throat in removing disordered tonsils and adenoid hypertrophy. Incidentally, it might be said that this simple operation will relieve an untold amount of ear disease as well.

Tuberculosis gaining entrance through the tonsil may pass to the first tonsillar gland, and, by a direct or tortuous route, infect a few or all of the cervical glands and gain entrance into the venous circulation to be generally distributed. Except when located in the brain, the most of those who die from tuberculosis do so from the results of mixed infection.

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY
J. P. THORNE, M. D.
JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:
$1.00 Per Year in Advance; Single Copies, 10 Cts
In the United States, Canada and Mexico.
Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

VOL. 9 SEPTEMBER, 1906 No. 9

CORNEAL OPACITIES

Corneal opacities form one of the annoying pathological conditions of the eye, concerning which the physician is frequently consulted. It is only within the last few years that corneal opacities could be treated with any satisfaction. Formerly about the only treatment was the use of a mercurial ointment which seldom gave any results.

An opacity of the cornea is called, according to its density, a nebula, a macula, or a leucoma. The former two can frequently be removed by modern treatment, while a leucoma can seldom be.

One of the newer remedies which has given good results is thiosinamin, used both locally and internally. An ointment of thiosinamin, six grains to the dram, is applied to the eye and two-or-three-grain capsules of thiosinamin are administered three times daily. We have had some marked results by administering the thiosinamin hypodermically. Another good treatment is to use thiosinamin ointment in the eye and to administer internally, iodine. This treatment must be continued for two or three months in order to obtain results. Some of the newer preparations of iodine can be administered in large doses continuously without any of the unpleasant symptoms of iodism. Oil of thuja is a preparation which will help some, but not all cases. It is dropped in the eye several times daily for several months. We have been using this for a year on a macula with the result of complete disappearance of the opacity. Good results have recently been claimed from the local use of dionin.

The use of the galvanic current is beneficial in most cases. In using the galvanic current the eye is first anesthetized with cocaine, then the negative electrode is applied directly to the scar while the positive electrode is held against the patient's cheek. The treatment is given daily for two or three minutes, using one-half to two milliamperes of current. The idea of this treatment is to promote absorption of the scar by stimulation without producing too much irritation. Recent cases do not do well with this treatment as the stimulation produces too severe inflammatory reaction. A good precaution is first to have the patient try the current on the tongue and he will at once notice if it is too strong. Something might be out of order with the apparatus which would be detected in this way. Cases of long standing often yield to this treatment.

Before commencing the treatment of any case of corneal opacity, the patient should understand that the treatment must be continued for a long time, progress will be slow, and that there can be no certainty of success.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Articles on Treatment, Medicine, Neurology, Surgery, Obstetrics, Gynecology, Orthopedics, Pediatrics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession throughout the World. Edited by A. O. J. Kelly, A. M., M. D., Philadelphia. Vol. II, Sixteenth Series, 1906. Pages, 302. Illustrated. Cloth, $2.00. J. B. Lippincott Co., Philadelphia.

This volume comes to us filled with a great variety of practical articles, freely illustrated with plates. The publishers of this series of books expend a large amount in the production of the plates with which it is illustrated. The series is a regular post-graduate course at home.

Dr. Delancey Rochester contributes a valuable article, "The Prognosis and Treatment of the Chronic Valvular Diseases of the Heart." "The Prevention and Treatment of Acute Nephritis" is a practical article by Dr. James M. French. A very commendable contribution is "The Prophylaxis of Nervous Disease with Especial Reference to Educational Influences in the Growing Child," by Phillip Zenner, M. D. It would be a good thing if this article could be read by educators and parents. Children are being made neurotics by our modern system of education and this subject should receive more attention than it does. Drs. J. M. Anders and G. M. Pfahler furnish an interesting study of pulmonary abscess by means of the X-ray, illustrated with X-ray plates. "The True Significance of Uric Acid," is an excellent article by Wm. H. Porter, M. D. "Infantile Derangements Due to Improper Breast Feeding with Suggestions for the Prevention and Treatment of Constitutional Disorders such as Rickets and Marasmus," is a good article by Louis Fischer, M. D., the New York pediatrist, whose writings are authoritative. "Tumors of the Mammary Gland, with Special Reference to their Diagnosis, Prognosis, and Treatment," by Wm. L. Rodman, M. D., is a lengthy treatise on this very important subject. The article is illustrated with numerous plates, half-tone and colored. This article alone is well worth the price of the volume to any practitioner. Another splendid article is "The Principles of the Treatment of Fractures, with a Special Consideration of those of the Upper Extremity," by G. G. Ross, M. D. The article is illustrated with a large number of plates. Dr. Alberto Rovighi of the Royal University of Bologna, Italy, writes on "Experimental Researches Bearing on Surgical Intervention in Nephritis." He believes that capsulectomy as advocated by Edebohls is beneficial in many cases. "The Female Perineum and Its Repair," is a voluminous article by W. A. Newman Dorland, M. D. The subject is covered thoroughly and is illustrated by many plates. "Gonorrhea in Women," is a post-graduate lecture by Ruthbert Lockyer, M. D., of the Samaritan Hospital for Women, London. An article of use to those doing gynecologic work is "The Choice of Medical Agents for Topical Use in Gynecologic Practice," by C. D. Palmer, M. D. W. G. B. Holland, M. D., furnishes "Intra-tracheal and Intra-laryngeal Injections," freely illustrated. This volume gives the doctor large value for his money.

A Non-Surgical Treatise on Diseases of the Prostate Gland and Adnexia. By George Whitfield Overall, A. B., M. D. Pages 238. Cloth. Illustrated. Price, $1.00. Third Edition. Rowe Publishing Co., 72 East Madison St., Chicago.

This book represents over twenty-five years' study and experience by the author in his special field. That the book has a place in medical literature is shown by the rapid sale of the two previous editions of the book. This edition has been revised and new matter added. The work is intended to aid the general practitioner as well as the specialist in the diagnosis and non-operative treatment of all those chronic diseases of the urethra, prostate, bladder, vesicles, kidneys, and their complications, together with the neurotic and metastatic sequelae, almost invariably concomitant therewith, as a result of hidden gonococci or other causes. The author concisely describes the methods which in the treatment of these conditions have given him success. Dr. Overall has devised and perfected instruments with which to apply the combined properties of medicine, electrolysis, and cataphoresis for the purpose of stimulating vasomotor contraction, relieving thereby congestion and inflammation, dissipating morbid tissue, and chemically decomposing or breaking up lime or earthy concretions that form in the ducts and follicles of the prostate.

The book is one which every practitioner will find a help in his work. The book is freely illustrated with cuts and plates, some colored.

A Compend of Materia Medica, Therapeutics and Prescription Writing. With Especial Reference to the Physiological Action of Drugs, Based on the Eighth Revision of the U. S. Pharmacopoeia, including also many unofficial remedies. By Samuel O. L. Potter, M. D., C. R. C. P., Formerly Professor of the Principles and Practice of Medicine in Cooper Medical College of San Francisco; Author of "Materia Medica, Pharmacy, and Therapeutics," etc. Seventh Edition, Revised and Enlarged. Pages 292. Cloth. Price $1.00. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

This book is one of the well known Blakiston quiz-compends and for years has been a favorite with medical students. Any student who has mastered the contents of this book is sure to pass in materia medica and any physician familiar with it can pass any state examination. This edition has been thoroughly revised in accordance with the new pharmacopoeia. Twelve new articles and forty-three new paragraphs have added thirty-seven new pages to the book. The book is a complete compendium of the established maxims of therapeutical science. The sale of so many editions shows that the book has been appreciated.

The Practical Medicine Series. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery, Under the General Editorial Charge of Gustavus P. Head, M. D., Professor of Larnygology and Rhinology, Chicago Post-Graduate Medical School. Vol. IV. Gynecology. Edited by E. C. Dudley, A. M., M.D., Professor of Gynecology, Northwestern University Medical School and C. Von Bachelle, M. D., Gynecologist to the German Hospital of Chicago. Series 1906. Pages, 227. Illustrated. Cloth. Price, $1.25. Price of the Series of Ten Volumes, $10.00. The Year Book Publishers, 40 Dearborn St., Chicago.

This volume presents a resume of new and useful additions to the litera-

ture of gynecology during the past year. In discussing carcinoma the editors lay great distress upon early diagnosis for this means early and less radical operation. They commend the good work being done by early operation, thus avoiding extremely radical operations with higher mortality. The numerous new plastic operative procedures testify to the activity and ingenuity of the gynecologists. The editors have presented a summary of progress to date which will be very helpful to the practitioner. The book is well printed and contains forty illustrations, most of them half-tone plates.

BOOK NOTES

The publishers of Everybody's Magazine will soon start a weekly magazine devoted to current events chiefly. It will have a distinctive character and will be fully as lively as the worthy magazine.

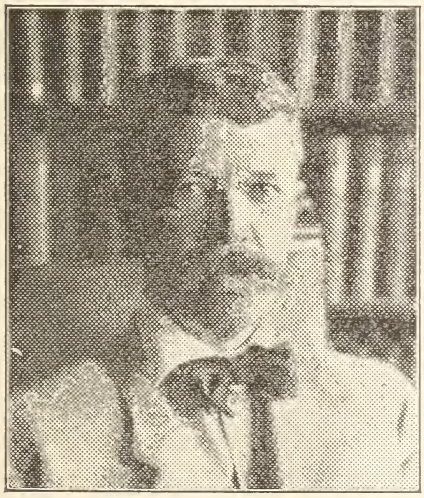
McClure's Magazine for September contains: "The Story of Montana," (illustrated with photographs) by C. P. Connolly; "The Trader of Last Notch," by Perceval Gibbon; "Niagara," (illustrated with photographs— reproductions in tint) by Engene Wood; "Some Benevolent Assimilation," (illustrated) by James Hopper; "Robin Goodfellow —His Friends," (illustrated from drawings by Andre Castaigne and Frederic Dorr Steele) by Rudyard Kipling; "B. Jones, Butcher," by Samuel Hopkins Adams; "A Royal Romance," (illustrated) by C .N. and A. M. Williamson; "Young Corey's Chance," by Viola Roseboro'; "The Story of Life-Insurance," (illustrated with portraits) by Burton J. Hendrick; "The Three Wise Men," (illustrated) by John T. McIntyre.

No library table is complete without "The World Today." Some of the leading articles in the August number are: "Ships That are Passing," (illustrated) by James G. McCurdy; "The Regeneration of Minneapolis," (illustrated) by James Linn Nash; "The Humor of Book Reviews," by Elliott Flower; "The Separation of Church and State in France," by Abbe Felix Klein; "Prosecuting the Ice Men," by Sterling Beeson; "Governing Cities by Commissions," by C. Arthur Williams; "Celebrating the Rembrandt Ter-Centenary," (illustrated) by William Elliot Griffis; "The Forests of the Philippines," (illustrated) by Hamilton Wright; "The Making of an Artist," (illustrated) by Charles Marshall Graves; "Silhouettes of Life," by William Hard; "Denver, a Typical American City," (illustrated) by Arthur Chapman. There are biographical sketches of Eben M. Byers, Jenkin Lloyd Jones, James Knox Taylor, Juan Santos Fernandez, and Peter Bartzen, illustrated with portraits. The editorials on current events are in themselves worth the price of the magazine.

In The American Magazine for September, Sherman Morse leads off with an interesting description of a real awakening in Wall street—how the trusts, after years of silence, now speak through authorized and acknowledged press agents. Of course there are portraits of some of the leading men now employed by capital as publicity men—one at an annual salary of $20,000. "Chicago's Five Maiden Aunts," by William Hard, is an account of five women who boss Chicago, very much to the advantage of the city—Jane Addams, Julia C. Lathrop, Dr. Cornelia DeBey, Margaret Haley and Mary McDowell. Samuel Hopkins Adams and Stewart Edward White go on with their serial story of adventure. "The Mystery." Broughton Brandenburg presents an authentic account of the millions in gold and gems concealed on land and sea. W. N. Wright, a veteran hunter, writing on "The Lynx and

Lion," gives a practical hunter's account of the traits of these animals. Julian Willard Helburn presents the facts and theories about liquor in a paper he calls "Can We Keep Sober?" Benjamin Franklin Daniels, United States marshal of Arizona, is described by Edwin B. Ferguson as "A 'Bad Man' who made good." There are short stories by Margaret Busbee Shipp, E. S. Johnson, Wilbur D. Nesbit, Flora Charlotte Finley, Holman Day, Leo Crane and William R. Lighton. Judd Mortimer Lewis, Truman Roberts Andrews and Theodosia Garrison contribute verse.

With the September number of their periodical, Ellery Sedgwick and The Colver Publishing House retire from the conduct of The American Magazine. With the October number, John S. Phillips, the new editor, begins his work. Following are the names of his associate editors: Ida M. Tarbell, William Allen White, F. P. Dunne ("Mr. Dooley"), Lincoln Steffens, Ray Stannard Baker, Albert A. Boyden, John M. Siddall. This new administration—the Phillips Publishing Company—promises many interesting features in its first number, the October number. This is the first hint of what these features are to be. "Mr. Dooley" will be in the number with an article on "The Power of the Press." William Allen White will write on "The Partnership of Society." Lincoln Steffens will break away from work on serious articles long enough to tell a New York police story. Steffens was for years a New York police reporter. There are to be features by Samuel Hopkins Adams, Leonard Keene Hirshberg, Frances Benjamin Johnston and others.



LINCOLN STEFFENS

There is a city in New England with schools for every class of citizens: schools for mechanics, for busy mothers, for backward children, for adults who do not speak English. They call it "A City of Special Schools," and Marion Melius has written a wonderfully interesting article about it for the September number of Everybody's Magazine. Did you know that Australia is governed by laboring men? and that it is a sane and sound government, with many wise deeds to its credit, likely to endure long, a pattern to other nations? In this far-off country Charles Edward Russell has found an army of "Soldiers of the Common Good," and he has written of them in what is one of the most brilliant and instructive of his widely read series. Three articles in this issue throw a searching light on the American life of today. Merrill A. Teague concludes his series on "Bucket Shop Sharks" with an appeal to the President and to Congress to remedy the evil; Frederick Trevor Hill points out a national frailty in "The Dollar-Mark and the Hall-Mark of Fame"; and facts of the most vital interest to the greater part of our population are set forth in F. W. Hewes's valuable study, "How the American Wage-Earner Spends His Income." The short stosries in this September issue would justify the claim of a "special fiction number."

THE DOCTORS' WORLD

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Dr. E. S. McKee—The contributions made by Dr. E. S. McKee, of Cincinnati, to The Recorder from time to time have made him well known to our readers as an entertaining and practical medical literateur. We are pleased to announce that hereafter Dr. McKee will contribute to The Recorder each month, furnishing a department which all will enjoy.

Dr. McKee was born at Hamilton, Ohio, near Cincinnati, January 6, 1858.

E. S. McKEE, M. D.

He came of revolutionary stock, three of his great-grandfathers, John McKee, Capt. John Mills and William McClintock, served in the Revolutionary War, his great-grandfather, John McKee, being killed at the battle of Kings Mountain. He is a member of the Ohio Society Sons of the Revolution and the Ohio Commandery Loyal Legion. Dr. McKee took his M. D. degree from the Medical College of Ohio, now the Medical Department of the University of Cincinnati, in February, 1881; he went abroad for study in Europe in 1881 and 1882, and later in 1887 and 1900. He attended the International Medical Congresses held in London in 1881, Washington in 1887 and Paris in 1900.

Dr. McKee has traveled extensively over the United States, British North America, Europe and parts of Asia and Africa. His medical writings have appeared in leading medical journals of the United States, The British Medical Journal, The London Lancet, "Universal Annual of the Medical Sciences," "Reference Handbook of the Medical Sciences," and "Diseases of Women," by A. Martin, of Berlin. He is ex-secretary of the Mississippi Valley Medical Association, ex-secretary and ex-president of the Obstetrical Society of Cincinnati, member of the American Medical Association, Ohio State Medical Society, Cincinnati Academy of Medicine, Cincinnati Obstetrical Society, etc. Dr. McKee is lecturer on Clinical Gynecology, Medical College of Ohio, medical department University of Cincinnati, in which clinic he has acted continuously since June, 1883.

An Overcrowded Profession—The editors of The Recorder have at various times called attention to the overcrowding of the profession. The number of physicians in this country is increasing much more rapidly than the population. Young men entering the profession should know that it does not yield any

large remuneration, but should be entered for other motives than money-making. The Medical Record contains such an excellent editorial on this subject that we reproduce it. A good suggestion is that information regarding the overcrowding of the profession should be sent to heads of academic institutions. Many young men study medicine who have no idea of the hard work and poor pay it gives. The editorial article referred to says:

The Association of French Physicians has recently issued a circular to candidates for the bachelor's degrees in letters or science, and to their parents, warning against taking up the study of medicine without a full knowledge of the "miseries of the profession" and the burdens which await those who aspire to a medical career. The following is, in part, the text of the circular: "As you are about to end your academic studies, and as you are now facing the choice of a career, you are doubtless interested in studying the various advantages of each vocation before making a decision which may affect your entire future. The different liberal professions may have claimed your attention, and among them the medical profession, which passes wrongly for an easy and lucrative calling. This manifest error is current among the French public, and is most dangerous, for it leads to the gravest consequences, both for yourself and us. It has seemed to us, therefore, both necessary and useful to enlighten you as to our real social position at the present day, through the following facts, which are given without a trace of exaggeration.

"The overcrowding of the medical profession in France has today obtained the extreme limit of endurance. Our nation figures now among the European countries where there is the highest number of physicians in proportion to the population. There are 10.4 physicians in France per 10,000 inhabitants., The consequence is that every day we and our families are experiencing greater financial distress. And yet, a crowd of thoughtless youths continues to enter upon the study of medicine, and the number of medical students is manifestly greater than could possibly be demanded in the future. Medicine is one of the most burdensome callings, and presents but meager chances for the enjoyment, or even the repayment, of the capital invested —at least 30,000 francs—in study and preparation—a sum which is absorbed without any guarantee of returns. On the other hand, the various industries, the different branches of commerce, and some of the other liberal professions offer, with the same investment, a far better, larger, and surer field for the activity and initiative of modern youth, without condemning their votaries, as does medicine, to complete inactivity, and consequently to failure, and often poverty, in the presence of the slightest illness."

The letter closes with an appeal to the better judgment of the reader, and bears the signatures of nineteen physicians, each representing one of the district societies composing the French national association.

There is no doubt that the statements contained in this circular are correct, and we think that the action of the French association desrves imitation in other countries, including our own, where the overcrowding of the profession is becoming serious. Such a warning should present a convincing array of statistics concerning the earnings of the medical man, and should show clearly the number of years of waiting and of preparation that are in store for the young physician. These circulars should be sent by the local medical societies, to each college, high school, academy, and preparatory school in their district. Presidents and principals of academic institutions should be supplied with additional data, which might enable them to advise

prospective medical students intelligently.

Those who have within them the true calling of the physician; those who are willing to sacrifice much for the sake of entering a field for which they are fitted by nature, and in which their love of the art will help them over many a thorny place, will not be deterred by such warnings, nor will those be affected whose means allow them the pursuit of any career without much thought as to its ultimate financial rewards. But a timely warning uttered by authority may be the means of preventing many a young man from taking a step which he will possibly regret to the end of his days.

Leprosy—Dr. E. H. Plumacher, American Consul at Maracaibo, Venezuela, has just returned to this country with extended data regarding leprosy, which he has been studying for years. The public press has contained extended reports of his work.

Dr. Plumacher has decided that the dread malady is not contagious, but is hereditary to a degree not reached in any other disease. He has made an exhaustive report to the state department telling of his personal attendance on lepers afflicted in the most revolting form. His report indicates that leprosy is curable, but that there is little hope in Venezuela or other Latin-American leper colonies, where nutritious foods and expensive drugs rarely are provided.

Dr. Plumacher was appointed to Maracaibo in 1878, where he has constantly observed leper cases and their treatment. It was through his efforts that the "Tua Tua" plant, used in treating the disease, is now planted in all countries which have leper stations.

At the request of scientists Dr. Plumacher took a large number of photographs of lepers. It was prophesied that he would contract the disease, but this did not happen. He was allowed to visit secretly in Maracaibo many lepers concealed by their families to avoid their being sent in perpetual banishment to the island.

Dr. Plumacher says in his report that as he was successful and full of hope for continued good results, he concluded he would rather drop the society of his friends of the foreign colony than to abandon the lepers. Though he observed minute care to avoid any danger from contagion, a few days after attending one of his patients, a boy at the leprosy institution, small lesions appeared on his hands, but after several months these dried up, although discolored marks remained.

From his observations of the cases in his care the consul concluded that without plenty of nutritious food to build up the system of the afflicted there will never be good results from the treatment of the lepers at Maracaibo. The sufferers there are fed mostly on cheap fish, as the directors of the leprosy institution have not the means to procure better food. Many specific instances are given by Dr. Plumacher of his treatment of lepers.

A former resident of the state in which Maracaibo is situated, who left the country after his administration, but after many years returned to his country residence as a leper, sent for Dr. Plumacher, who undertook the treatment, aided by the patient's handsome young wife, who attended him faithfully. As the patient was able to buy the most nutritious food his improvement was rapid and ultimate recovery appeared certain. But when the consul went to see his patient again the wife was in tears and the patient broken down.

The patient had been informed that inside of two days he was to be removed to the leper island. During his presidency he had made enemies, and after his return to Venezuela these enemies were in power. While he was

known as an incurable leper they had let him alone, but as soon as it was reported that he would be well again these enemies purposed to destroy and humiliate him.

When Dr. Plumacher offered to intercede and explain to the authorities that there was hope for his absolute cure, the patient shook his head and said: "No. My enemies know I am better and hopeful and now they send me to the island, to be banished for my life, seeing daily before me the beautiful city which I embellished, hearing the bells ring from the churches I helped to adorn, hearing bands playing in the plaza, seeing the city lighted in the evening, and even seeing my own dear house and yet to be an outcast forever. No, consul, my enemies shall not triumph over me. They shall not dispose of their former president. I shall do so myself."

Two days later the people of the state of Zuilia heard that their former president had suddenly died.

"I know the cause of his death," says the consul. "I am glad he cheated his enemies."

J. A. BURNETT, M. D.

PRESCRIPTIONS

By J. A. Burnett, M. D.

EARACHE.

℞

Acidi borici .....ʒgrs.
Glycerini.
Tr. opii .....aa ℥ss.
Aq. camphor .....℥i.

M. S.—Ten drops in ear.—J. V. Shoemaker.

CHRONIC ECZEMA OF FACE.

℞

Betanaphothol .....gr. xv.
Phenolis .....gr. xj.
Ungt. aguae rosae .....℥j.

M. ft. unguentum. Sig.—Apply to the affected parts of the face twice daily.—J. V. Shoemaker, M. D., in Medical Bulletin.

PHTHISIS.

Professor Renon considers arsenic one of the best remedies in phthisis. It may be given in very small doses:

℞

Sodium arsenate .....gr. 1.
Water .....ʒx.

M. Sig.—A tablespoonful twice a day at meals, and continued twenty days a month for three or four months. —Practical Medicine.

A GOOD TONIC.

The following is a valuable tonic in most all conditions:

℞

Powdered myrica cerifera, gr. 72.
Powdered hydrastis .....gr. 48.
Powdered capsicum .....gr. 24.
Powdered sugar .....gr. 144.

M. Sig. Dose.—12 grains in a teacupful of hot water three or four times a day.—J. A. Burnett, Dean Spring, Ark.

EARACHE.

℞

Ichthyoli .....ʒi.
Glycerini.
Aquae destillatus.....aa ℥viiss.

M. S.—Warm and drop in ear.—Dr. Salt.

MULTIPLE WARTS.

℞

Chloralis hydratis.
Acidi acetici .....aa ʒiss.
Acidi salicyli.
Spt. etheris .....aa ʒi.
Collodii .....ʒiv.

M.—Apply locally to warts.—Martlin in Merck's Archives.

INFANTILE DYSENTERY.

℞

Bismuth subnit .....ʒiv.
Salol .....gr. xij.
Zinc sulphocarb .....gr. xij.
Glycothymoline .....ʒi.
Essence pepsin (Fairchild's)
..... qs. ad. ℥iij.

M. Sig.—One-half teaspoonful every 3 to 4 hours. To produce quiet and sleep I give sodium bromide, paregoric, or phenacetine, as indicated.—Dr. R. C. Black in Medical Mirror.

LUMBAGO.

℞

Collodii.
Tr. iodi.
Spt. ammoniae .....aa ℥ii.

M. et S.—Paint over affected part.—Burggaeve.

WHOOPING COUGH.

Powdered musk .....gr. 2-3.
Sodium bicarbonate ....gr. 5-6.

M. Sig.—Make into six packets and give one packet every two or three hours. Also—

℞

Creosote .....gr. iv.
Sulphonal .....gr. iii.
Syrup of tolu.....ʒv.

M. Sig.—Teaspoonful every hour.—Le Progres Medicale.

ACUTE ECZEMA.

In acute eczema—blue mass or compound cathartic pill, followed next morning by a saline laxative. Natural mineral waters are useful. When both iron and the sulphate of magnesium are indicated, the following may be used:

℞

Magnesii sulph. .....℥ij.
Acidi sulphur. dil.....ʒij.
Ferri sulph. .....℈ss.
Sodii chlor.
Tinct. card. comp .....aa ʒj.
Aq. dest. .....Oss.

Filtra. Sib.—A tablespoonful before breakfast in a tumblerful of cool or hot water.

In case of renal derangement diuretics are indicated, and in gouty cases, colchicum and Vichy water.

When both diuretics and alkalies are indicated, the following may be used:

℞

Magnesii sulph. .....℥ss.
Magnesii carb. .....ʒj.
Tinct. colchici .....ʒss.
Ol. menth. pip.....mij.
Aq. dest. .....℥vj.

The following is a useful lotion:

℞

Acidi carbolici .....℈ij.
Zinci oxidi .....ʒj.
Glycerini .....ʒij.
Aq. calcis. .....q. s. ad ℥viij.

In this formula, when carbolic acid does not act favorably, dilute hydrocyanic acid may be substituted. Tragacanth mucilage may be used instead of glycerin, or both may be omitted and half the amount of lime water may be replaced by an equal quantity of elder-flower water.

℞

Acidi hydrocyanic dil....ʒss-ij.
Zinci oxidi.
Calamin .....aa ʒj.
Aq. calcis.
Aq. sambuci .....aa ℥iv.
—Merck's Archives.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

HEPATIC COLIC AND GASTRIC CATARRH SUCCESSFULLY TREATED

By Francis H. Weismann, M. D., New York City.

Published by the St. Louis Medical and Surgical Journal, August, 1905.

The patient, an engineer by profession, of fair size and weight, about 45 years old, of temperate habits, nervous temperament, has been a severe sufferer of hepatic colic and catarrh of the stomach for several years. Although having a fair appetite, the patient had frequent attacks of vomiting a large quantity of mucus and bile.

In addition to the above symptoms, he was troubled with periodical attacks of hepatic colic, which were so severe that I was induced to diagnose his trouble as being caused by the presence of gall stones.

None of the remedies which were prescribed previous to January 5, 1904, seemed to have any beneficial effect, while the periodical acute attacks made their reappearance more frequently (every four or five weeks.)

Having read in medical journals several clinical reports in which hydrozone and glycozone were highly recommended in the treatment of diseases of the alimentary canal, I concluded to prescribe hydrozone before meals and glycozone after meals in varying doses for about two months without any appreciable benefit. A dose of castor oil was also administered every other week, while olive oil was given at bedtime.

The patient was growing weaker quite rapidly until an acute attack of hepatic colic which occurred beginning of April, 1904, plainly showed that the above treatment was not powerful enough to subdue the cause of his trouble.

Then I persuaded him to resort to lavage of the stomach with diluted hydrozone.

I commenced treatment on the 5th of April, 1904, with hydrozone 100 grammes, warm water one quart; the stomach was washed every third day in April and every second day in May, when the hydrozone was increased to 150 c. c. (about five fluid ounces), and was kept at that amount throughout the treatment: during the month of June the stomach was washed out every day, July every fourth day, August and September once a week.

The improvement was noticeable already at the end of April, when the quantity of bile and mucus was much lessened. In September the benefits derived from this treatment proved conclusively that it had not been used in vain. Internal treatment was by means of glycozone, two teaspoonfuls before and after each meal, and every three weeks a good dose of oleum ricini.

Up to date the patient has not had another attack of hepatic colic since April, 1904, while he is now enjoying good health.

The results that I have obtained in this particular case are so gratifying that I resort now exclusively to hydrozone and glycozone in the treatment of all cases of stomach diseases, and I believe that with the exception of stomach and intestinal disorders resulting from the presence of a malignant growth, all other cases can be successfully treated as above outlined.

CASE REPORTS

By A. H. Ohmann-Dumesnil, A. M., M. E., M. D. Ph. D., St. Louis.

Case 1. A young man, unmarried, twenty-four years of age, was referred to me by two physicians, as their efforts had proven unavailing. The patient, when I saw him, was thin, anemic, weak and had almost despaired of ever recovering. He had a case of malignant syphilis. The nose and throat were well advanced in ulceration, there was paralysis of the soft palate and the deglutition of liquids was almost an impossibility, not to mention solids. There was perforation of the hard palate, a destruction of the ossicles of the ear and consequent deafness, and altogether he was in a pretty delapidated state. On inquiry his history developed the fact that he had acquired syphilis three years previously and had no doubt, been insufficiently treated, with the result of the tertiary symptoms which I saw. The patient was immediately placed on iodalia in doses of two teaspoonfuls in water before each meal. The treatment was persisted in, and two months after its inception he presented a bright appearance, he had gained weight, he could eat with ease and he felt better morally and physically. The result so far was a revelation, not only to the patient, but to his former physician as well. He is still under treatment.

Case 2. A young lady, unmarried, aged twenty-two, was troubled with an intractable case of acne. She had been treated by a large number of competent men with but little result of a favoreble nature. Upon examination I discovered that the acne was of an atonic form, the patient herself not being in good physical condition. The cervical lymphatics were markedly enlarged and upon further examination other glands in the same condition were found. This was the solution of the lack of success which had followed the treatment of other physicians as well as of mine. Having determined the cause of the trouble I ordered her to take one teaspoonful of iodalia in water before each meal and was pleasantly rewarded by seeing the eruption nearly well and the tuberculous gland much diminished in size in about three weeks. She will be continued under this treatment for some length of time, more especially as she feels better in all respects.

The indications for the use of iodalia are very simply told. It is indicated in all conditions in which iodine is employed. The list of conditions is too long to be enumerated here. It embraces all those in which alteratives are employed. Among the principal ones are syphilis, localized tuberculosis, lymphatism, arterio-sclerosis, etc. Iodalia is a remedy well worth remembering and an unchangeable iodotannic saccharate, which is easily assimilated and never injures the gastric mucous membrane or produces untoward symptoms.—Abstract from St. Louis Medical and Surgical Journal.

WORTH KNOWING

Two or three papayans bell, crushed and beaten with one-half ounce of good olive oil, and taken before meals, will increase weight in any wasting condition more satisfactorily than anything else. This has been proved conclusively by many experiments and we are willing to send, gratis, to any physician, enough papayans bell to allow him to satisfy himself of the fact. Pure olive oil, only, must be used and the papayans thoroughly beaten with it. For emaciated, constipated, nervous dyspeptics and consumptives this preparation is of particular value and we are very anxious that its value be known by physicians generally. For samples of papayans bell address, Bell & Company, (Inc.), 68 Murray St., New York.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. IX OCTOBER, 1906 No. 10

Leading Original Articles

THE ELECTIVE SURGERY OF THE FACE

By Charles C. Miller, M. D., and Florence Miller, M. D., 70 State St., Chicago, Illinois.

THE EVERTED LIP

Unduly prominent lips are as a rule simply everted rather than too thick. Such lips may greatly mar the face of their possessor and correction by a simple operation may be greatly appreciated by their unfortunate possessor. Sometimes the eversion of the lip shows as a double lip and in such cases the condition is particularly unsightly. To correct an everted lip is a simple matter and the patient need not allow it to interfere with daily life. Infiltration is entirely satisfactory for preventing pain and any physician's office is suitable for the operation. For infiltrating the lips many solutions may be used, but the simplest is a very weak cocaine solution. Sterile water has been lauded as a satisfactory agent for infiltrating, but the addition of a very small amount of cocaine will prevent all discomfort from the injection and is therefore more satisfactory. Infiltration with a weak cocaine solution is absolutely safe as the operator needs only a trace of cocaine and need never inject over one-fourth of a grain of the drug during the entire operation. As a rule less than one-tenth of a grain will be used. A simple method of preparing an infiltrating solution is to take about double the quantity of boiled water that one expects to inject and to drop into it a half grain tablet of cocaine. These tablets may be secured for this purpose in sterile containers.

Infiltrating a lip, for performing any of the various operations for eversion, is a simple matter. The lip after scrubbing, is picked up between the thumb and index finger and the needle inserted just into the tissue so that the solution from the syringe is deposited in the tissues. A bleb forms which when sufficiently distended becomes pale. It need not be pallid. The operator, pushing the needle through the proposed field of operation, continues to distend the tissues, and when the field is thoroughly infiltrated the needle of the syringe may be pushed through the tissues in any direction without causing pain.

The operator having rendered the parts insensitive to pain is prepared to operate. The simplest eversions of the lips are easily corrected by making incisions at right angles to the lips and then converting such incisions into lines of union parallel to the lips. The in-

Figure 1. Line of incisions for inversion of everted lip

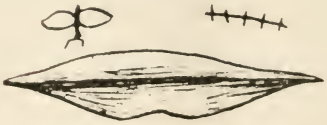


Figure 2. Operation partly completed by suturing.

Figure 3. Operation complete.

Figure 4. Line up of multiple incisions.

Figure 5. Incisions closed.

cision is made most readily with sharp scissors and should extend into the loose cellular tissue of the lip. It must be made of sufficient length to invert the lip as much as is desired, for after the operation accomodative processes will cause a slight eversion to occur. In fact a slight over-correction is to be preferred, owing to this tendency for subsequent eversion of a slight degree to develop. The number of incisions needed will vary. Sometimes an eversion at the median line of the face only needs correction when a single incision accomplishes the purpose.

Should the operator find that his incisions above and below improve but do not entirely correct the condition, and that the angle of the mouth seems unduly full, incisions radiating from the angle may be made and closed so as to invert here. The sutures should be carried well into the labial tissues. Silk or catgut may be used, of which I prefer the former. The silk stitches must be removed in from four to seven days. Silk stitches are less noticeable to the patient and the parts seem to be less subject to the irritation where they are used.

A mouth wash should be used freely and frequently after the operation—saturated boric acid solution or phenol, creosote, formalin or other antiseptics of appropriate strength for oral washes are applicable. The patient should call daily until sutures are removed and the parts be thoroughly cleansed by the operator.

In the succeeding article we will consider the operation for reducing the excessively thick lip. Physicians are discouraging patients who consult them for the improvement of facial imperfections. This is folly on the part of the physician, for when the patient determines that such treatment is practiced by some and concludes that such an operation would be effective in their condition someone will have an opportunity to do such work sooner or later. Should it prove effective, the patient will hold it against the ability of the man who discouraged its application as not feasible. Advertisers are making an impression on the public and creating a demand for such operations. It is inadvisable for the members of the general profession to further the interests of the advertiser by refusing this work.

(To be Continued.)

ELECTRO-THERAPEUTICS

By Gordon G. Burdick, M. D., Chicago, Illinois.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor of Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

ELECTRICAL MASSAGE.

It is not generally known that a very satisfactory massage may be obtained through the use of the electric current, and that it is of great use in diseases that resist ordinary medical treatment.

There are many different forms of the current that may be used for this purpose, but they all depend upon the contraction that takes place upon either the making of a contact, or by breaking one. This is done where we desire a certain number of contractions a minute, by means of the rheotome, an instrument which is run by clockwork, or otherwise, which causes a sliding contact so that the current is broken as many times a minute as may be desired by simply speeding the machine or increasing the number of segments upon the commutator. The response to this stimulus is so energetic that there has been a general tendency to overdo the matter, and much harm has been the result in many cases from too much enthusiasm. When used with discretion results may be obtained that are impossible by any other known method.

GALVANIC CURRENT.

With this current we get polar ef-

fects as well as an agreeable electrical massage, and is especially valuable when used in abdominal ptosis complicated with nervous dyspepsia, due to motor insufficiency.

If we apply a positive electrode to the nape of the neck, and pass the negative electrode over the abdominal muscles, a series of contractions takes place as it is passed from one group of muscles to another. The repeated contraction of these muscles, if not carried to exhaustion, has a tendency to cause hypertrophy to take place, and they will double in size and firmness in the course of three weeks' treatment, and if a proper effort is made the will may be trained to handle them with nearly as much precision as the more commonly used voluntary muscles. By placing weights upon the abdomen and causing the patient to move them by the force of will alone will be followed in a few weeks with the most perfect use of the muscles. When voluntary control is obtained the patient should be taught to grasp the stomach between the abdominal muscles and the diaphragm, and impart a shaking motion to the stomach while filled with water, which will soon rid the patient of dyspepsia and ptosis. If this procedure is faithfully carried out, the cure will soon become permanent. The negative pole gives the most active contraction, and has decided local stimulating properties.

FARADIC OR INDUCED CURRENT.

This current being an alternating current of high voltage and low amperage, can be used where we do not desire any polar effect. It can be used for the same purpose as the galvanic current, but is more apt to do less damage than the latter if used carelessly. Its principal use has been to exercise the muscles following paralysis, in order to prevent degeneration, but as much harm as good has been the result, because of ignorance as to the length of time it should have been used. A seance of five minutes, which will give about two minutes to each group of muscles in a leg, is the most that should be ever used, as to the nutrition is so poor in a paralyzed limb that its use is not followed by hypertrophy, but degeneration. A mild treatment twice a day is what is indicated and should never be exceeded. It has been very satisfactorily used to develop the muscles of the vagina, in bad cases of prolapse.

Considerable stress has been laid upon the exact number of feet of wire that should be used in the secondary of a coil, by operators who are disposed to split hairs; but a long series of experiments have taught me that it is not necessarily the amount of wire upon the coil, but the general relation between the primary winding, the iron in the core, and the number of interruptions a second in their general relations to the secondary. As a general proposition, high voltage with rapid interruptions as obtained from a proper singing rheotome will be found most useful for pain of all kinds, while slow interruptions and low voltage give efficient means of electrical massage.

MAGNETO. (PSEUDO-SINUSOIDAL).

This current is obtained by revolving a coil of wire wound over soft iron, between the poles of a permanent magnet, the periods depending upon the speed with which the armature is revolved. We obtain an alternating current of high voltage, but low amperage, giving a very pleasant form of electrical massage, which is painless in its contractions, yet very energetic. It may be obtained from the ordinary telephone magnet, controlling the current through a shunt rheostat. A high resistance magnet should invariably be purchased if this form of current is to be used. I have found this current exceedingly useful in many cases of alleged spinal diseases, where a curvature is noticed and disease of the bodies of the vertebrae is suspected. I have found many

cases of curvature caused by paralysis of a certain group of muscles, also that the distress and deformity can be removed in a few weeks by judicious electrical massage.

MORTON'S WAVE CURRENT.

This peculiar form of electrical massage is becoming very favorably known for its remedial value, and may be conceived of physically as an atomic massage. The patient is made one side of a condensor; they are fully charged, and discharging suddenly by allowing the condensors to spark across a gap. When the pilot spark passes numerous oscillations occur while the surrounding medium is endeavoring to establish an electrical equilibrium. All of these oscillations cause surges of current to sweep back and forth through the patient, turning the atoms first this way, and then that. This current may be obtained most readily from a static machine, also from a coil, by suitable arrangements. The best results are obtained by discharging condensors over a spark gap of an inch, about fifteen times a minute. Every time the condensor is discharged a violent, but painless contraction of the muscles of the whole body takes place. This treatment is indicated in any depraved condition of the body, but is especially valuable in anemia, neurasthenia, and as a tonic stimulant in tuberculosis, chlorosis, and convalescence after exhausting diseases, but always keep in mind, that every stimulation is always followed by exhaustion. Therefore this great agent should be used intelligently or mischief may be done.

STATIC INSULATION.

This is another method by which we make the patient one side of a condensor, and polarize the atoms with either a positive or a negative charge, and profoundly effect the electrical equilibrium of every cell in the body, accelerating motion within them by a negative charge, also called a "stimulating charge," or causing a suspension of metabolism by administering a positive charge. With the positive we quiet the patient, check metabolism and produce sleep, and find it extremely useful in nervous disorders, while with the negative insulation we hasten metabolism, increase oxidation, and stimulate our patient to action. It is used in melancholy, neurasthenia, and various stages of mental and physical depression.

INFLUENCE OF THE MIND OVER DISEASE

By J. L. Wolfe, M. D., Cedar Falls, Iowa.

Both for the patient and physician it is important that the relationship between mind and matter should be recognized and appreciated as an element in disease. The study of disease involves the study of human nature, not only in its physical, but in its moral phenomena, and one of the most important ideas which the progress of medical science has developed is this: That medicine is only one of the methods of relieving or curing it, and that other means besides must be combined with it and other elements brought to bear, both on the corporal and mental nature in order to promote recovery . Thus, human will has to do with pain and suffering. This nervous system is a wondrous mechanism and its diseases are so linked in and associated with mental states on the one hand and our general frame work on the other that, like telegraph wires, it responds to the minutest change in either. To be nervous was once regarded as a disgrace, but it is time, both for the patient and the doctor, to cease viewing the terms nervous and imaginary, as synonymous. Rather, we should view nervous diseases as real derangements of material or function, and while we medicate for them we must asknowledge and avail ourselves of the principle that

the will can aid in the accomplishment of restoration.

Abundant illustrations in common experience, might be adduced to show the power of this mental action over disease. Pain is always more intense when our thoughts are upon it, from fear the child will really suffer, although it is purely a mental state. Those who at once "give up," as the expression is, when sickness seizes them, are really more likely to die than those whose will battles against the destroyer. The invalid with nothing to do or to occupy the mind, is sure to get worse. No one can endure the brooding over his own ailments, and yet all these are but mere nervous elements in disease. How often it is the case in the experience of those out of health, that if when feeling very uncomfortable something happens to attract their attention. They are for the time relieved and hence traveling, amusement, friendship and occupation have cured many a real sufferer, because taking the mind from self and suffering they have removed a barrier to recovery and allowed nature to triumph unembarassed. Many a sufferer has been cured by the prescription of the veriest pretender, when the remedy itself was of no more value than pulverized clay; but by faith and confidence mental processes have been controlled and the due exercise of will-power reestablished. When a sick man goes to a pretender, a mesmerizer, a clairvoyant, a necromancer, a fortune-teller, a sugar of milk man or a witch, and comes home well, it is vain to attempt to convince him that he has fallen a victim to the duplicity of one who knew nothing about his case, for a real cure is often thus accomplished.

The error of reasoning consists in attributing it to a nonsensical mesmerist, or seventh son influence, or to the efficiency of some herb prescribed, and the duplicity of the curer consists in claiming causes which his own experience ought to have taught him, are all imaginary. It is true that in some cases it may be right and proper to conceal from the patient the source of relief, but in many more the patient himself, by understanding the nature of his trouble, will be able to overcome it. Out of a medical class for the first time listening to lectures on disease of the heart, as a rule, known by personal to most physicians, one-half will imagine themselves the subject of the difficulty. Shortness and oppression of breath is a frequently nervous disorder, as it is the signal of serious lung trouble, and to know what are and what are not nervous symptoms enables many to overcome or at least to give themselves no uneasiness about them. It should be the effort of the invalid and of his physician, so to occupy the mind as not to tax its energies over-much, and yet prevent that idleness on which melancholy loves to live. Just as naturally timid persons, like some soldiers and surgeons, have learned coolness by experience, so many a nervous person by determination, decision, will and the proper use of sanitary dietetic and medical regulations will control the machinery of nervous action and prevent it from unduly controlling himself. The cerebellum and sensorilum are two special divisions of the nervous system, or brain; the one having the office to give direction to the powers that move the muscles of voluntary motion, and the other recording all sensations experienced. A large portion of the common disorders of the nervous system consists in a loss of due connection between the cerebellum, or will and motion, and an undue exaltation and acuteness of sensation and in the treatment of such cases, both by the physician and patient, the problem to be solved to place the sufferer under such circumstances as shall be most favorable to physical and mental health, and as shall restore him the equilibrium which will give nourishment and tone to the physical frame and will enable him to reinstate the will in the

legitimate exercise of its functions.

None are more deserving of sympathy than the nervous, and yet, none with aid from hygienic and medical measures can do so much by personal determination to rid themselves from their real and inexpressible suffering. The common expression ,"shaking off discouragement," while not always truthful, has philosophy in it; and ill health, from which misanthrophy often arises, where dependent merely upon functional nervous derangements may, with a little foreign or outside aid, often be overcome.

NUCLEIN IN TYPHOID FEVER

By R. J. Smith, M. D., Smithfield, Utah.

Whether the subject matter of this short article is of any special interest to the readers of this journal, or not, the relation of a series of cases in which there seemed to be decided benefit from the administration of nuclein may be interesting.

Briefly, the rational of the remedial action of nuclein is this—it increases leucocytosis, the polymorphonuclear cells being most affected. It increases the defensive powers of these phagocytes.

In typhoid fever there is leucopenia, and a lessening of the body resistance to outside deleterious influences. Theoretically then, nuclein seems to be strongly indicated. Practical results show a decided benefit from its use.

In a series of ten consecutive cases of typhoid fever of moderate initial severity, the treatment was similar in all with the exception of nuclein to five of them. The diagnosis was based on the following:

(1) The distinctive temperature range.
(2) Leucopenia.
(3) The splenic tumor.
(4) The Ficker-Widal reaction.
(5) Relatively slow pulse.

The cases were seen early in the attack, but all had been complaining of indisposition and headache for a week before fever was noticed. All were placed on the antiseptic treatment, the diet restricted to egg-white lemonade and plenty of pure water forced. The antiseptics used were the sulphocarbolates of lime, zinc and soda (W. A. intestinal antiseptics), given in ten grain doses every two hours, well diluted and copper arsenite in 1-500 grain dose every four hours.

Preliminary eliminative treatment was thorough. Calomel and podophyllin in small divided doses followed in three hours by saline laxative; the latter repeated in two hours to flush the alimentary tube thoroughly. Castor oil was then employed in tablespoonful doses every twelve hours to produce at least four movements in the twenty-four hours. Cold sponging and cool packs to abdomen were given to reduce temperature when over 102.5°.

For the first twenty-four hours nothing in the way of nourishment was allowed, but the patient was forced to drink a gallon of water and as near that amount daily as possible. After the first week the diet was enlarged by the addition of buttermilk, chicken soup, raw beef juice, soft custard, baked apple and egg-white lemonade continued.

In the second week small doses of strychnine arsenate were given every four hours. Rest and quiet were insisted upon, the patient and nurse being allowed to sleep from 11 p. m. to 5 a. m.

This was the treatment in every case but in five, nuclein was added in twenty-drop doses every twelve hours for the first week, then every twenty-four hours. These five convalesced rapidly after a short illness of twelve to fourteen days, with a more easily controlled temperature during the first week, a lower average pulse rate, and a more rapid return of strength. The other five progressed favorably, but nor-

mal temperature was reached only on the twentieth day.

The result may be coincidental, but rather seems to be due to the administration of nuclein.

AMPHIACHYRIS DRACUNCULOIDES

By J. A. Burnett, M. D., Dean Spring, Arkansas.

Recently I have become interested in amphiachyris dracunculoides, which is known by the laity where it grows in Texas and Oklahoma, by the name of broom weed. This remedy is very valuable in pneumonia and various other conditions. Dr. Massie recommends the following in cases of pneumonia and claims to have aborted the disease with it:

℞

Fld. ext. amphiachyris.....ʒij.
Third preparation of lobelia ʒij.
Fld. ext. asclepias.....q s ℥iv.

M. Sig.—Dose, one teaspoonful every two hours in one-quarter teacup of hot water. I am sure that this is a valuable compound in pneumonia and all forms of fever. It could be used as a febrifuge in various conditions. The late Dr. W. H. Cook, in speaking of amphiachyris, says:

"As a remedy the article is an agreeable, a prompt and an exceedingly diffusive stimulant, moderately sharp to the taste, influencing the mucous membranes of the larynx, trachea and bronchi, quite decidedly extending its impression to the stomach and intestines. It stimulates the capillary circulation, both inward and outward, thus relieving congestions of the mucous membranes, promoting warm perspiration, increasing expectoration and sometimes leading to evacuations in acute intestinal catarrh. It also has a soothing and sustaining after effect on the nerve peripheries, affording considerable relief from distress of mucous surfaces by acting on the nerves as well as by relieving capillary distention and pressure."

Such properties make the agent a desirable one in many conditions where a pleasant and quickly diffusive stimulant is required. It holds a remedial position between ginger and xanthoxylum without resembling either. Probably it will be found desirable as an adjunct to more positive and permanent agents as its own effects are rather too transient to be effective in many cases. In flatulent colic the tenesmus of diarrhoea and similar cases, it is an excellent anti-spasmodic and carminative. Its prompt action on the larynx makes it serviceable for relaxation of the vocal cords and the uvula in aphonia from relaxation and oedema glottidis. In sub-acute and chronic bronchitis it secures a free dislodgement of viscid secretions and relieves dyspnoea and in offensive catarrhs is good either as a snuff or a wash. It warms up the stomach and will be a valuable adjunct to suitable agents in atonic dyspepsia. Its local use has been suggested in degenerated leucorrhoea and in many other connections where a moderate stimulant is required.

There is no doubt but what any case of bronchitis can be benefited or cured by broom weed. Of course in such cases it should generally be combined with polemonium. In pneumonia it should generally be combined with lobelia and asclepias, and in colic and griping pains of the bowels it should be combined with dioscorea. There is no doubt but what this remedy is of value in the early stages of tuberculosis and if there is any hemorrhage it should be combined with lycopus. It is claimed that an infusion will give the best results, but all physicians who have used such remedies know this to be true of them, although a fluid extract can be used.

PURPURA HEMORRHAGICA

By Edward C. Rothrock, M. D., Palestine, Texas.

This is a sporadic hemorrhage, the etiology of which is not well known. It begins suddenly without any premonitory symptoms. Hemorrhage may be caused from disease of any of the eliminating organs as acute atrophy of the liver or kidneys, when any arrest has taken place in the development of the blood as in splenic enlargement, leucemia, and in febrile complaints as scarlatina, diphtheria, typhoid. There often appear patches upon the skin and there may be epistaxis or hemorrhage may and often does take place from the mucous membrane of the mouth, nose, stomach, intestines, urethra, bronchi, and from the uterus. Again hemorrhage from the skin or from mucous membranes occurs from the physico-chemical condition of the blood that permits it to exudate through the wall of the vessels, the tunic of the small arteries and capillaries no doubt being in an abnormal condition, as in lardaceous disease. Again we meet with hemorrhage in the skin from slight abrasions, also from mucous membranes without apparent cause. Such cases are classed under the head of purpura hemorrhagica "bleeders," a dyscrasia. Various remedies are used as sulphuric acid, lead, zinc, iron ergot, melilotus, tr. larch and a host of other remedies. In our case book we notice three cases of this type of disease treated years ago. A lad, age seven years, who when one year old was a curiosity to the neighbors for the frequent hemorrhages he was subject to. His blood would pour out sometimes from his nose, mouth, bladder, or from a cut, scratch, or abrasion of the skin and would be followed by a continued hemorrhage, frequently endangering his life from loss of blood . No sooner would the little fellow begin to mend, gain blood after these attacks when upon receiving a cut or scratch another hemorrhage would occur. Word was sent that he was "bleeding to death" from his tongue. Upon examination a very slight incision was found on the right side of the tongue, one eighth of an inch from the tip of the organ, caused by the boy falling and wounding his tongue with his teeth. Hemorrhage had beeen going on for twenty-four hours and still continued in spite of all the parents could do. Muriate of iron was applied several times but the bleeding did not entirely cease. A dose of ergot was administered and pressure resorted to with the fingers and within an hour the bleeeding was checked. He was placed upon pyrophosphate of iron four times a day. For a week hemorrhage would occur from the mouth daily which was controlled by subsulphate of iron, Monsel's solution, one of the best styptics we have. In about six weeks from this attack word was sent that he was bleeding from his foot, caused by snagging his foot with a thorn, an incision one-eighth of an inch long and half as deep on ball of foot. Ergot and bryonia were administered, subsulphate iron locally applied to the wound, lint saturated and bandage applied which stopped the bleeding for half an hour, then it commenced again. The iron was again applied which controlled the hemorrhage. For ten days this treatment was used whenever bleeding occured, which was daily. Several months afterwards there was a severe hemorrhage from the nose, ecchymosed spots on legs and arms and other parts of the body. Ergot hypodermatic was used, injections of witch hazel and lint saturated in the fluid extract which controlled the hemorrhage for a while, then it would commence again. In about two hours the bleeding was controlled by plugging the nostrils with lint saturated with subsulphate of iron.

He would bleed from every

scratch and form purpura spots on any part of the body which would be controlled by the iron and sometimes witch hazel would be used. In this case the red corpuscles were deficient. The tunic of small arteries and capillaries were in an abnormal condition, deficient in texture to contain the blood. The treatment was continued for a long period, pyrophosphate of iron and hypophosphate of lime alternated with helonias dio. Nux vom. 1 drop twice a day was given to aid digestion and maintain the integrity of the capillary tunic. Phosphorus is a good remedy in this condition and arsenic often is indicated. We find that the pyrophosphate of iron, hypophosphate of lime, with nux vom. give good results and used with the helonias dio act well in building up and renewing the blood.

FIRST AID IN RAILWAY WRECKS—II

By J. W. Pettee, Denver, Colo.

The application of a splint often saves a person's arm or leg from amputation later. All train men should be instructed in the application of these appliances. Temporary aid only can be rendered at a wreck and in the absence of a surgeon, and the less you do, so that it is on the line of making the patient comfortable; but do not put all of your appliances in the baggage cars, for at some time when you need them your baggage car will be destroyed. Whatever can be done to advantage, do as soon as possible, as the sooner you get an injured person away from the wreck to his home or hospital the better. If for no other reason it produces a quietus on the nervous system.

One word about hospital cars. There are few surgeons in the United States who do not know Dr. Fairchilds of Des Moines, Iowa, who, while surgeon of the Chicago & North-Western railroad had a hospital car built and fitted up for the use of injured people who were disabled in wrecks. There should be more of them; in fact every road should be provided with one or more as the car can be run onto the siding and if the surgeon thinks best the injured can remain in the car several days before removing to the hospital. In this car there can be kept at all times a supply of first aid appliances and if it was supplied with an oil engine it could be run to and from the wreck without the assistance of an engineer or fireman and of course could be made ready to start out in fifteen minutes. You would not be compelled to wait for a train to come along to take this car to the city; other trains could give it the right of way while out at the wreck. Did any surgeon ever know of any train man who knew too much? I believe all passenger train men should be instructed by the chief surgeon in the use of first aid goods. Of course mistakes would be made. Some of our surgeons make mistakes. I don't believe a person should be allowed to bleed to death for the want of the application of a bandage or a tourniquet which can be applied by a trainman. After being instructed how to apply them the most important thing is; first, have the company supply them, and I will guarantee that if a wreck occurs, there will be men on board who will apply them well enough to save suffering and perhaps life, and if the company does not furnish first aid goods usually it is the surgeon's fault as that is for what the surgeon is appointed. Providing for accidents is certainly one of the duties of the surgeon. In my opinion there should be a good first aid man at every division who should examine every car where first aid packets are kept as soon as the train comes in and see that every appliance is in proper place, and from the storehouse replace everything needed as fast as used up.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

NOTES ON PRACTICE

To meet that dreaded foe—cholera infantum—is a matter in which many of us are cognizant of our inability. In the first place we are often called too late. The disease is in its last stage, paleness, feeble and thready pulse, subnormal temperature and the retching in exhausted effort. The bowels are inactive and that poison on them cannot be moved in any way, congestion of the medulla—the vital source of heart beat and respiration—is also a salient point in diagnosis. What are we to do? The parents are now aware that ere long those thoughtful and bright orbs will soon be closed in death, and the physician should lose no precious time. Up-to-date medication says, tide them over the critical period. How? Give atropine until the face flushes and continue until reaction ensues, then treat as in the first stage; eliminate the poison and maintain the vitality by proper stimulation.

Echinacea augustifolia should have notice in all tubercular affections, both acute and chronic. It has cured after cavities have formed in the lungs after much tissue has been wasted. It should be prescribed in turpentine emulsion or iodinized emulsion. The iodinized emulsion is not familiar to many of the profession, therefore I will give the formula:

℞ Tr. iodine comp.....ʒiij.
Acid carbolic .....ʒj.
Glycerine .....ʒiv.

Dose:—Three to five drops, and of this add enough for the proper dose to turpentine, one drachm, gum arabic, one drachm, elixir lactated pepsin, q. s., ft. four ounces and give one teaspoonful every three or four hours.

As a tonic, restorative and reconstructive I would prescribe elixir hypophosphite comp. and wine of cod liver oil, equal parts; tablespoonful doses every four hours. The above is similar to the much prized "manola."

Dropsy in all its forms is said to be benefited and in many cases cured by a remedy prepared from sambucus canadensis, common pop-gun elder roots, fresh and green, one pound, apple vinegar, one quart. Boil down to one pint. Take two tablespoonfuls in water every three hours until the edema is reduced. Green's dropsy medicine is said to parched squill chips pulverized and made into boluses with simple syrup of tolu, and the addition of apocynum or digitalis. Make into boluses of thirty and fifteen grains each and give a large bolus at nine p. m. and one at twelve, midnight, dissolved in water; follow with salts every hour, beginning at six a. m., next day and continue until twelve, noon. Repeat the treatment every third day and when the edema is reduced give elix. tr. chloride iron and gentian, and if the dropsy reappears, repeat the above treatment.

My old professor of surgery, Dr. Wm. M. Durham, has made the treatment of dropsy a specialty for a number of years and has saved numbers of valuable lives. He is the author of a formula that is mild but curative in most cases. I will give it to the readers of The Recorder, hoping that it will be helpful to them. Each tablet contains:

℞

Apocynum .....gr. i.
Ginger pulv. .....gr. i.
Calomel .....gr. i-iii.
Nitrate potass.....gr. ii.

Dose:—One tablet every three hours during the day.

Chill may be treated specifically, thus:

℞

Sulph. quinia .....grs. lx.
Calomel.
Leptandrin .....a a grs. v.
M. et. ft. capsules No. 12.

Sig:—One capsule every three hours. If the spleen is enlarged, that locality should be painted with tr. iodine once or twice daily. When the chills cease the following should be given:

℞

Nitro-muriatic acid.....ʒ ij.
Sulphate iron .....grs. cxx.

M.—Let stand in open container twenty-four hours. Dose, fifteen to twenty drops; water, three times daily.

Tr. rhubarb is the best agent for atonic stomach and bowel troubles in children with mucous discharges. It has a kind effect and stimulates the entire alimentary tract to functional activity.

ANDREW J. MANN, M. D.,
Evermay, Ga.

PHARMACISTS GRIEVANCES; THE DOCTOR'S RIGHTS

Many pharmacists complain of the physicians' tendency to prescribe the preparations of some special house, so that of an article going under a single designation every druggist is often compelled to purchase five or more varieties, instead of making one serve for the prescriptions of all the physicians who order it. This increases the outlay he must make for stock without proportionately increasing sales or profits.

That this is a grievance we do not deny; but it is not of our making, nor is it up to us to remedy it. How often we have most heartily wished that we could just set down on our prescriptions tincture of aconite, without specifying whose make, or running around to the druggist's to see what make he has in stock, of what pharmacopœial standard, how old, and how much evaporated and decomposed, finally prescribing what we judged to be too little to do harm, with the intention of following it up if the case allowed 'till we got some benefit. We don't like to do this; we don't like to carry cases of granules and tablets about with us; but we believe in drugs, and we give them with a definite object in view, and their purity and strength mean something to us, so we have got to take pains to know what we are about. Giving "any old thing," with a positive suggestion of benefit, and the easy, lazy assumption that "there is nothing in drugs anyhow," does not impress us as the way to practice medicine. It is not our way. Nor do we satisfy conscience with an eloquent diatribe against the imperfections of our knowledge, and "jolly along" until the serum shall have been discovered. Too many sad instances have been recorded of the physician's attempts to prescribe potent drugs without specifying the maker, for us to lay aside that precaution. The oft-quoted instance when the patient succumbed to a dose of Squibb's conium, after using another sample one-eighth the strength, sufficiently illustrates the point.

When pharmacy supplies us with uniform preparations we will gladly cease to dispense and specify; but that will not be until pharmacy ceases to be a business instead of a profession, and the pharmacist no longer listens to the drummer of the manufacturer who undersells the market. Apply common sense here. No one can do this without sacrificing quality or profits, and as long as men are men we need not hesitate as to which they are sacrificing to make lower prices.

For effective intervention in disease the one essential to the physician is absolute sureness as to the weapons he

uses. Uncertainty paralyzes his arm. If he is not sure of the effects of his drugs he must withhold all active intervention and let the patient and the disease alone to fight it out themselves. It is such a simple matter that it does not seem as if there could be any misunderstanding about it. If the doctor sees that a sufficient dose of fluid extract of belladonna will dissipate the danger and restore equilibrium, and he knows from use that ten drops of Warner's extract will do this, he will order Warner's. Possibly Lilly's in the same doses may do exactly the same thing, or that made by the dispensing pharmacist himself, but it may be and generally is, that there has not been an identical grade of crude drug employed, or the excipient not being identical one drug has not been completely exhausted, and one or the other extract is weaker or stronger than that with which the physician is familiar. It is just as likely to be better as to be worse; the point is that it is different, and he does not get exactly the result he has aimed at. He either fails, or overdoses. He loses confidence, and the effect is to spoil the doctor, rendering him timid or nihilistic.

These facts are well known to the intelligent pharmacist, and we hear from him such expressions as the following from W. C. Alpers, of New York:

"Let us clearly understand that a physician has a right to prescribe and to specify when he pleases, be it a regular official preparation, a new synthetic compound, a proprietary article, or goods of some manufacturer that he prefers to others for some reasons. Neither the great variety of similar preparations, nor the obscurity of some specified article, gives us the right to criticise the prescription. There is no way out of it. This state of affairs may be a hardship to us. We may suffer by it, but we can never deny the right of the physician to order what he thinks is good for the patient. We cannot say he is wrong because he orders John Smith's elixir, nor say that John Smith's is all right, but he must not prescribe it because we have John Brown's instead. We can never put ourselves on record as in the least censuring the physician for ordering what he honestly believes to be for the patient's good. If the physicians are wrong in judgment, it is not our business to say so. The more you pass such resolutions intimating that the physicians are wrong in ordering whatever medicine they please, the more you will widen the breach between pharmacist and physician. The physician's friendship is a valuable capital to the pharmacist. Let us strive to gain it, not by dishonest commissions or presents, but by doing our duty faithfully and practising our profession with devotion and ability."

We can only say that if the majority of pharmacists entertain and act upon the above opinions, antagonism between the professions of pharmacy and medicine will soon be a thing unknown. Both professions will live in harmony and go hand in hand with mutual benefit to each.

W. C. Abbott, M. D.,
Chicago, Ill.

TREATMENT OF DYSENTERY

With many physicians the treatment of dysentery is often not very satisfactory. This is a very dangerous disease and all physicians should know the best way to treat it. The following is the treatment given by Dr. D. P. Borden, of Patterson, N. J., in the October, 1904, Chicago Medical Times:

"There are at least four morbid conditions present in dysentery that indicate the proper mode of treatment; first the inflammation of the mucous lining of the intestinal canal; second a general irritation of the vascular system; third, great torpor of the cutaneous ex-

halants; fourth, a disordered state of the large glands.

"In estimating the importance of the indications we should observe that torpor of the cutaneous exhalants are derangements of the glands and are invariably antecedent to the intestinal and febrile reaction and excitement. It will be seen, therefore, that in these forming stages of this disease the restoration of these functions is the primary object in the treatment of this complaint. This is confirmed by the observation and testimony of every intelligent eclectic in the land for just in proportion as this purpose is accomplished, the circulation equalized, the determination of the blood to the bowels is lessened and the febrile excitement is at once subdued. The trouble in the intestine is also thoroughly lessened. In all cases, therefore, where the febrile state exists, the pulse firm and quick or tense or frequent, our rule of practice is plain.

"I have invariably used 'broken doses of the tincture of green lobelia. I have found this drug to be most efficient and satisfactory in its prompt action, more so than any agent in the materia medica, for the reduction of the febrile excitement in this form of disease. At the same time the inflammatory action of the mucous surface of the intestines is diminished and the deranged condition of the large glands abated. * * * *

"The proximate or immediate cause of dysentery being an acid, the primary object in treating it should be if possible, to neutralize that acid, for the disease will remain unchecked without the removal of the cause. Except this condition of success is strictly complied with, all medical skill will be baffled and the hopes of the practitioned blasted. For this purpose a remedy of anti-acid character is required and should be used. There is no compound more effective upon the bowels than the following:

℞

Leptandra pulv .....gr. iij.
Sod. bicarbonate.
Myrica cort. .....aa gr. ii.
M.

"It is to be administered in one dose and repeated every two hours or until relief is obtained. During the progress of convalescence a gentle tonic should be given, composed of eucalyptus and peruvian bark, equal parts. A half drachm of this mixture two or three times a day before meals, according to circumstances, is the proper dose. Warm sponge baths and other detergents and applications which will suggest themselves to any intelligent physician, may be used at discretion. It has been the custom heretofore with practitioners generally in treating intestinal diseases of all classes to use enemeta of various preparations upon the theory that the disease was more local than general. On the contrary the intestinal irritation is not but idiophatic, consequently all applications per anum are at best only pallative. I have long since, therefore, abandoned them and after thoughtful reflection in the case I am convinced that under the eclectic mode of treatment dysentery ought to be successfully treated."

I consider Dr. Borden's idea in the cause and treatment of dysentery a very valuable one and one that should receive due attention. A certain writer said:

"There are two forces in the body which control the harmony of it in every part. The one force is conveyed through part of the nervous system, which generates acids. The other force, conveyed through another set of nerves, filments, generates alkaline. The one causes irritation of muscular tissue which causes contraction and pain; the other causes increased alkalinity and produces destruction of tissue. One condition causes pain in the body, anywhere—

(Continued on Page 333)

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

AN ALLEGED CANCER CURE.

Wide spread attention is accorded to an article by Dr. C. W. Saleeby in McClure's Magazine for August in which he proclaims that in injections of trypsin at last a definite cure for cancer has been found. The Recorder commented in its March number on an earlier paper by the same author published in Harper's Weekly. The present article is only an amplification of the former, giving no new data whatever, either as to theoretical experimental research or to practical clinical results. There is no reason for us to change our former opinion and we are pleased to find that it is shared by other medical journals.

What is there in the article to justify its author's enthusiasm? A description of researches by Beard of Edinburgh, a report of two cases in neither of which an absolute disappearance of the tumor has occurred and in one of which it is acknowledged that the patient is yet in danger of his life, and the story of two cases of Jensen mouse tumor, in neither of which the tumor had disappeared, when one animal died and the other was killed, but was only in progress of degeneration. That is all. To these meager facts he says it would be "cruel and cowardly" not to "give the widest and most immediate publicity."

The publication is much to be regretted. Not that anything like a trade secret is to be kept or recommended. We all realize that the time of mystery in medicine is past. Successful warfare against widespread diseases, as typhoid, tuberculosis, possibly cancer, demands the intelligent co-operation of the public which must be based on the fullest possible knowledge. But what Dr. S. gives is not knowledge, only half finished laboratory studies and insufficiently grounded surmises. These should first have been submitted to a jury of scientific men competent to judge their value. Granted even, that trypsin might prove to be a definite cure for cancer, this premature publication can only do harm. The fate of tuberculin ought to be a warning for all time to come. The same misconceptions, false hopes, sad disappointments, disrepute and condemnation await trypsin, no matter what its ultimate value may be. Possibly one in a thousand of the lay readers of the article will understand its theoretical deductions, because they know nothing of the fundamental facts of embryology. The multitude will grasp and remember only the conclusion that trypsin is a sure cure for cancer. Instead we learn from an item in the Medical Record that in answer to an inquiry made by the New York Times information has been received that in the London hospitals, chiefly the Cancer Hospital, the use of trypsin as a cure for cancer has been discontinued, the surgeons having failed to obtain any beneficial results from it. Spontaneous retrogression of cancerous tumors has occasionally been observed by clinicians and pathologists. E. G. Gaylord, of Buffalo, reports spontaneous cure of cancer in twenty-two per cent of his laboratory mice, and here and there in the medical journals are found reports by reliable men of undoubted cases of carinoma cured by one or the other remedy. There is no reason why Dr. Saleeby's cases should not be regarded as of the same character.

The medical profession can not yet concede that a positive cure for cancer has been found.

AS OTHERS SEE US.

It is a pleasant change from the hackneyed commencement address with its stereotyped, stilted phrases of the noblest calling, etc., as usually delivered by physicians, to turn to one by a member of another profession, who gives judgment of us and our relations to the public from the layman's standpoint. This is done in the doctorate address to the last graduating class of the Medico-Chirurgical College of Philadelphia, by Robert Ellis Thompson, S. T. D., President Philadelphia Central High School. Many of his sayings deserve repeating.

"When you come to lay down the doctrine of life and health for us, be sure that we shall expect you to exemplify your own rules. * * * Now to take a simple point of importance. You have been preaching to us the need of sleep to sound health. And yet those of you who go into general practice leave yourselves liable to calls at all hours of day and night, although this both unfits you for the proper work of the day, and wears upon your nervous energy as the years pass by you. Surely the time has come for the doctors of our cities and larger towns, at least, to divide among them the duties of the day and the night, and to set apart some of their number for the latter. Yours is the only profession in which this eminently unsanitary arrangement still exists. Everywhere else you meet with day and with night workmen as a separate class." Think of it! A day and night shift of physicians! How that would add to our comfort and lengthen the average of our lives!

"Every profession has its own temptations to some form of insincerity. That of the physician is to a pretense of omniscience while he is still in the dark, or to giving medicines to persons who fancy they are diseased, or to assuring the dangerously ill that they have not much the matter with them. All these come of evil and tend to evil only. They all tend to undermine that confidence in the doctor which is a large element in his power to heal." Referring to buildings dedicated to the religious education of the people, nearly all closed and idle on twenty days of the month, the speaker asks: "Why cannot these churches be employed on specified evenings for the sanitary education of the people, and the physicians use them for properly compensated lectures on the avoidable causes of disease, and the habits which conduce to health and length of days?" Indeed, an ideal function for the physician, that of the recognized teacher, and perhaps not quite as utopian and remote of fulfillment, as may appear.

Where men of our profession find only ground for condemnation, Mr. Thompson's judgment is milder and broader. "May we not find in the attack on medicine by what I may call mentalism, embracing faith cure, mind cure, Christian Science, Dowieism, etc., a suggestion for the genuine physician? You may call these quackery in the lump if you please. But the extent to which they have spread themselves and the kind of support they have enlisted, indicate that some modicum of truth lies under their errors and gives these systems what vitality they do possess. 'They are poor pretenses in themselves, but they have value as criticism of established systems.'—Emerson. Medicine of the right sort is going to live down the new aberrations, as it has others in the past. But, as in the case of homeopathy, it has something to learn from every kind of antagonism or of criticism which sizes up against it. For no error (as Comte says), is destroyed until it is replaced by the full and frank recognition of the truth it carricatures." Would that all physicians might heed this and imbibe the spirit of it.

In the oration before the American Medical Association, by Frederick C. Shattuck, one of the most eminent pro-

fessors of Harvard, there are passages filled with the same spirit. "The debt of medicine to all those half-truths which are too indiscriminately classed under the terms quackery or charlatanism is real and should be recognized. * * * There is always a germ of truth in every form of irregular (unscientific) healing—a fact which it behooves us to recognize and be ready to apply." Prof. Shattuck manifested the same spirit of professional fellowship by delivering an address before the Boston Homeopathic Medical Society. Surely, the world does move!

POISONING BY LOCAL APPLICATION OF ACETANILID.

Dr. Max Goepp reported the case to the Philadelphia County Medical Society. A leg ulcer, from which the patient was suffering, had been treated twice a day with acetanilid powder for a period of eleven months. The symptoms were: general weakness, loss of flesh, headache, dizziness, some nausea and vomiting, marked cyanosis, dyspnea, weak heart action and general nervousness. The acetanilid was at once completely withdrawn and the patient placed on Blaud's pills and strychnine. Sixteen days after admission she was discharged from the hospital very much improved. It is estimated that the patient had used slightly less than two drams of acetanilid a day. A similar case of chronic acetanilid poisoning from absorption through the skin was reported by Herrick and Irons in the Journal A. M. A., February 3, 1906.

"Money can feed the bodies of men; but a dollar nor a million dollars never fed a soul," says William Allen White in The American Magazine for October.

"Success in life is service to one's fellows," writes William Allen White in The American Magazine for October.

DISCUSSION

(Continued from Page 330)

rheumatism, neuralgia, cramps, nervousness. The other causes boils, ulcerations, typhoid fevers, malignant sore throat, diphtheria, and cancers. An excess of one produces results according to its function, acid or alkaline. We have discovered a process by which forces may be united and neutralize each other's effects and bring about harmony, stop disease and pain and equalize the forces throughout the body. This is the secret of health. All diseases are products of one or the other of these two forces and when properly adjusted the most marvelous results take place that the imagination can conjecture."

Hering, a homeopathic physician, was the first to divide acid and alkaline remedies. Scudder pointed out that acids were of value when the lips were red and alkalines when they were pale. Alkaline children have small stomachs while acid children have large ones. Acid children are usually small, while alkaline children are usually larger than normal.

The acid and alkaline theory should be closely studied as it will prove to be of value in various ways in most all diseased conditions.

JOHN ALBERT BURNETT, M. D.,
Dean Spring, Arkansas.

Editor Medical Recorder: Will some reader of The Recorder give me a formula for the successful treatment of enlarged spleen and liver, probably caused from malaria. I have an obstinate case on hand that has so far resisted all treatment.—Dr. W. H. G.

In this sign they conquer—
Business, church and scholars.
Everybody gets on top.
When he has the $$$$$$$$.
—The Bohemian.

MEDICAL PROGRESS

By E. S McKEE, M. D., CINCINNATI, OHIO. Lecturer on Clinical Gynecology, Medical College of Ohio University, Cincinnati

The Pacific Medical Journal. It gives us the greatest satisfaction to find again on our table the Pacific Medical Journal. It has arisen from fire and quake and is better and brighter than ever. They are in sore need of a library and of back numbers of the Journal, both of which the profession is donating them rapidly and we hope will continue 'till their great loss is repaired. We hope that all subscribers to this journal who are paid up will also subscribe for the Pacific Medical Journal.

* * *

As to Sleep. The Duke of Wellington used to say: "Six hours' sleep for a man, seven for a woman and eight for a fool," is hardly true. Francis Dyke Ahkland, before the British Association for the Advancement of Science, urges plenty of sleep for the young as necessary for their bodily as well as mental developemnt. He said that the most of a boy's growing was done in bed. He quoted a letter from the principal of a large school where the breakfast hour had been changed from seven to eight, who said that the whole school was brighter and did better work.

* * *

Nervous Dyspepsia. Achilles Rose believes that many cases diagnosed as hysteria, neurasthenia or nervous dyspepsia are nothing more than manifestations of atonia gastrica. The three flat abdominal muscles control to some extent the secretion, circulation and innervation as well as the position of the abdominal viscera. When the abdominal wall becomes atonic these organs sink, and such ptosis is conducive to many atonic conditions. In such cases abdominal plaster strapping relieves the relaxation. When abdominal support relieves the symptoms of so-called nervous dyspepsia, one has a scientific foundation for therapy. In numerous publications the abdominal belt for the relief of gastropsia and the mode of application are fully described.

* * *

Quick Cure of Gonorrhoea. Lyons (Medical Summary), reports a series of 400 cases of acute gonorrhoea treated by the quick curative treatment in 384 of which, or 95 per cent, the disease was cured in six days and in about 80 per cent in 24 hours. This method was published by him ten years ago and consists of injections in the urethra of one drachm and a half of solutions of nitrate of silver, at first four per cent, later two per cent; then one per cent. In most cases a single injection was sufficient. It produced little pain. When three injections did not constitute a cure the injections were discontinued. Early in the disease the gonococci lie entirely upon the outer layer of the epithelial cells, multiplying on them, destroying their vitality nad causing them to exfoliate.

* * *

A Family Infected With Syphilis. Grove (British Medical Journal) reports the case of a girl who had contracted syphilis two years before giving birth to a female child. The mother had a few months' treatment. When the child was about eighteen months old condylomata developed about the anus. Three weeks later the baby's grandmother, who had had the care of the child, developed a chancre of the

lip. At this time a daughter of twelve years showed an initial lesion on the tonsil. Still later a young brother developed a similar lesion. The baby had been lately fed by a spoon and, after the very common custom, the food had been tasted by the grandmother and the daughter, both of whom had fed the baby. The boy may have used the same spoon unwashed. The point emphasized by the author is the age of the child—eighteen months—before she infected others, and the consequent need of prolonged treatment in all such cases. The entire family made a good recovery.

* * *

Untoward Effects of the Bromides. Even as innocent a remedy as the bromides are usually thought to be is capable of harm as are in fact most drugs which are capable of much good. Dr. M. Allen Starr (Monthly Cyclopedia of Practical Medicine), reports cases in which the patient developed symptoms which caused a diagnosis of paresis to be made. Both cases were fairly healthy men, in active business, who took large doses of the bromides for nervousness. In the course of about four months of continual medication these patients developed a gradual increasing mental stupor, a progressive failure of memory, an inability to fix the mind upon their business and left unfinished letters and telegrams. They also developed an unusual irritability of temper, became unsteady in their gait, suffered from general muscular weakness, and their handwriting became tremulous. The voice was thick and the knee jerks were diminished, and they frequently fell asleep in the daytime, although they were restless and wakeful at night. They also had halucinations of sight. Both of them maintained that they were perfectly well. Neither of them, it is important to note, developed illusions of grandeur. Prompt recovery followed the withdrawal of the drug and two years after they both were quite well and showed no signs of paresis, proving that the symptoms were not due to organic nerve disease. Sometimes the prolonged administration of the bromides causes manias or other forms of excitement.

* * *

Chorea Considered as Cerebral Rheumatism. Sir Dyce Duckworth (British Medical Journal), after a careful study for a number of years has become convinced that there is more than a commonly accepted intimate association between rheumatism and chorea and rheumatism and that chorea is in fact a cerebral form of rheumatism. His statistics show that there is a family or personal history of rheumatism in 85 per cent of cases of chorea. He believes that were it possible to obtain accurate histories the per cent would be larger.

* * *

The Tonsil as a Portal of Microbic and Toxic Invasion. Jacobi A. (Archives of Pediatrics) in his presidential address before the American Pediatric Society said that the relation of the tonsil to systemic invasion presented a problem that was less soluble the more copious the literature. In studying diphtheric invasion of the throat the membrane is confined to the tonsil, the lymph nodes are not involved, but if the disease spreads to other parts the lymph bodies swell at once. A laryngeal pseudo-membrane also causes no glandular swelling and no fever, which is to be explained also by the scantiness of the lymphatic network. He concludes that practically nothing has been demonstrated by injection of the tonsils that was not previously known.

* * *

Temperate Temperance. Medio Tutissimus ibis, keep in the middle of the Via Appia, vox populi Romani, which being freely translated into modern American voice of the populist means keep in the middle of the road, and you will be

safest. For a fair statement of the median line in temperance, read what Dr. Otto Juettner, author of Modern Physio-Therapy, says on the subject: "The use of alcohol at the wrong time and in the wrong way is a prolific source of stomach disorder. An alcoholic drink on an empty stomach, is not proper. The eye opener from the standpoint of health is to be condemned. It is an irritant to the mucous membrane of the stomach and can not be indulged in habitually without harm ensuing. The prevalence of whiskey drinking in this country is a fact much to be deplored. Whiskey is a medicinal stimulant, never a beverage. Pettenkoffer considers whiskey drinking on a par with cocaine eating. It is the abuse of a splendid food (alcohol). He suggests the substitution of beverages which are wholesome, nutritious, and contain alcohol in comparatively small quantities, e. g., very light wines, and, above all, good beer. Therein lies the practical solution of the temperance problem. Whiskey drinkers are usually drunkards; beer drinkers hardly ever. Even in large quantities, beer affects the stomach mainly through its bulk. On a full stomach, a mild stimulating beverage (light wine or good beer) is, as Sturm remarks, a veritable gift of the Gods. It aids digestion and promotes metabolism. Strong alcoholic drinks (over six per cent alcohol), retard and finally check digestion. They precipitate the gastric juice, pepsine and coagulate the food albumen, rendering the food less soluble. The digestive power of the pancreatic secretion is affected by small quantities of alcohol. One ounce of brandy delays the digestion of a meal from half an hour to an hour.

* * *

Pure Food Law. Secretary Wilson, of the department of agriculture, has promulgated the regulations under which the recently enacted pure food and drug act will be enforced. The commission appointed to prepare the regulations, consisted of Dr. H. W. Wiley, of the agricultural department; Dr. S. N. D. North, of the department of commerce and labor, and James L. Gerry, of the treasury department.

In a letter to the secretaries of their several departments they say their agreement on the regulations was unanimous. To the regulations, Secretaries Wilson, Metcalf and Shaw have given their approval. The section of the regulations respecting the labeling of products requires that the ingredients of the package shall be stated, so that the purchaser may know precisely what he is buying.

In the matter of coloring, the requirement is made that no ingredient known to be deleterious to human health shall be used by manufacturers. This regulation applies with particular force to the manufacture of candies. Adulterations, particularly of drugs, is prohibited, but standard drugs will not be considered adulterated provided that they are branded so as to show their actual strength or purity.

Poisonous or deleterious preservatives shall only be applied externally and shall be of a kind that will not permeate to the interior of the product and the preservative must be of such a character that, until removed, the food products are inedible. Misbranding of food or drug products is guarded against particularly. The label on every product must bear the name of the product, the place of manufacture and must show whether the article is a compound, mixture or blend.

It must designate the ingredients and proportions in the case of drugs and foods. The use of any false or misleading statement, design or device on the label is specifically prohibited.

* * *

It is a gude heart that says nae ill—but a better that thinks nane.—Scotch Proverb.

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY
J. P. THORNE, M. D.
JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:
$1.00 Per Year in Advance; Single Copies, 10 Cts In the United States, Canada and Mexico. Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 9 OCTOBER, 1906 No. 10

EDITORIAL NOTES

A new series of articles begins in this issue of The Recorder on "Surgery of the Face," by Drs. Chas. C. and Florence Miller, of Chicago. This is a subject which has been neglected by the regular profession but which is worthy of careful consideration.

One of the greatest impositions on physicians is the certificate required by many accident insurance companies before they will pay the claims of policyholders. Some of these certificates contain questions which are utterly useless for the purpose. Some of the blanks we have seen would, if conscientiously filled out, require as much work as a life insurance examination. Companies requiring this service should be compelled to pay for it.

Consistency is a rare jewel in some medical journals. The Medical World is devoting pages to telling how ethical and pure and good it is because it does not carry the advertisement of antikamnia and how very, very bad the journals are which do advertise antikamnia. At the same time the Medical World carries the advertisement of "syrup of figs" and endorses it editorially. Syrup of figs is a senna preparation advertised in newspapers and by circulars all over the country "to overcome habitual constipation permanently, to dispel colds and headaches, to prevent fevers." Whatever criticism may have been made in the past against antikamnia, it never at any time has been advertised in any newspapers. The antikamnia advertisement has been placed only in professional journals. At the present time we believe the antikamnia advertising is all confined to the profession and that it is not being advertised to the public. If it is ethical to advertise syrup of figs in a medical journal, it is just as ethical to advertise cascarets, Beecham's pills, castoria and the rest of them. While denouncing the other medical journals advertising antikamnia, the Medical World has been carrying far more objectionable advertisements in its own columns. Another preparation advertised in the Medical World is sold by agents from house to house. The agent tells what the preparation will do and when more is wanted it may be obtained of the druggist. Where does the doctor come in on this? If the Medical World and other journals which are denouncing the antikamnia advertising would exclude the advertisements of all unethical preparations we might believe in their sincerity, but until then we have our doubts.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

RHYTHMOTHERAPY, or a Discussion of the Physiological Basis and Therapeutic Potency of Mechano-Vital Vibration; to which is added a Dictionary of Diseases, with Detailed Suggestions as to the Technic of Vibratory Therapeutics. Pages 210. Illustrated. Cloth. Price, $1.50, Net. Postage 10 cents. By Samuel S. Wallian, A. M., M. D. Ouellette Press, Chicago.

Mechanical vibration as a remedial measure has now won a very respectable recognition. The literature on the subject to date is meager, so this book will be welcomed. This author, with something of an iconoclastic spirit, sets out with a curt and incisive protest, in lieu of a preface, and at once plunges into this argument.

Nature is an epitome of rhythmic reiteration; health is essential physiologic rhythm; disease is arhythmic vital vibrations; death is the final interruption of these vibrations. Heat, light and chemism are not primary forces; they are results of the real primary cause—vibratory impulse. All the so-called natural forces are resultants of this same vibratory motion. Electricity is an example. It does not generate either power of motion. It is itself generated. It is a modality of motion. Life and matter are both conditions. The character of each depends on the velocity of the vibrations through which it originates. A certain rate begets a vermis; another and higher rate produces a viper, a vertebrate—a vestryman. There is no necessity for the "missing link." Mechanical vibration is not a new method of applying manual massage; its claims as a legitimate, logical and scientific therapeutic measuse are unquestionable.

In his "Digression on Diet" the author reads the profession a deserved and much needed lecture on the prevailing carelessness, indifference and ignorance of many medical men concerning the all-important subject of diet. The reader may resent some of the specifications of the sweeping indictment, but in the end will plead guilty to the general charge.

A "Dictionary of Diseases" intelligently discusses the technic of vibratory treatment, and as a whole the volume is a valuable and much needed contribution to the subject. The author has something to say and says it in trenchant words, without circumlocution or undue reference to immature and biased opinions. Its perusal will be an inspiration to many who have as yet given scant or no attention to the subject.

THE PRACTICAL MEDICINE SERIES. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery, Under the General Editorial Charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Vol. V. Obstetrics. Edited by Jos. B. Le Dee, A. M., M. D., Professor of Obstetrics, Northwestern University Medical School, with the Collaboration of D. Roehler, M. D., and H. M. Stowe, M. D. Series 1906. Pages. 256. Illustrated. Cloth. Price, $1.25. Price of the Series of Ten Volumes, $10.00. The Year Book Publishers, 40 Dearborn St., Chicago.

This volume is an excellent year book on obstetrics. We quote from the editor's introduction:

The past year has shown little advance in the scientific fields of obstetric research. The subject of eclampsia is still being worked over. Zweifel's dis-

covery of lactacidemia in eclamptic mothers and their children is considered a step in advance. It has not developed much yet. The field of operative obstetrics is being broadened. Pubiotomy is now on the stage enjoying its initial enthusiasm.

Vaginal cesarean section is winning new adherents. Bossi's dilator is going back to its proper position as a dangerous but not necessarily useless instrument. There has been a halt in the flood of modifications of Bossi's dilator. The surgical treatment of puerperal infections is receiving more attention.

CLINICAL DIAGNOSIS. A Text Book of Clinical Microscopy and Clinical Chemistry for Medical Students, Laboratory Workers, and Practitioners of Medicine. By Charles Phillips Emerson, A. B., M. D., Resident Physician, the Johns Hopkins Hospital; Associate in Medicine, the Johns Hopkins University. Pages 641. Illustrated. Cloth. J. B. Lippincott Co., Philadelphia, Pa.

This book is based on the author's experience as physician in charge of the clinical laboratory, and instructor in medicine of the Johns Hopkins Hospital and University. The book is different from many of the other works on clinical diagnosis as the subject is presented from the clinical rather than the laboratory point of view.

The chapter devoted to the examination of the sputum, is very interesting and presents much of practical value. The section on examination of urine is complete and thoroughly handles this important subject. An exhaustive chapter on the examination of the blood gives all that any practitioner requires. Chapters of great value are given on the examination of stomach and intestinal contents. Methods are presented for the systematic examination of all the body-fluids. Every practitioner needs an up-to-date manual on clinical diagnosis and this work certainly meets all requirements.

The book is beautifully printed and contains 126 illustrations and five colored plates.

BOOK NOTES

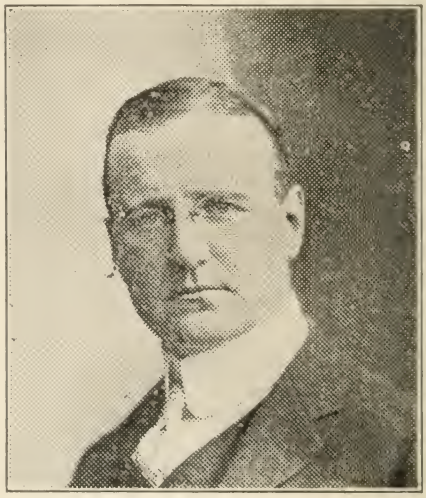
A leading article in the October McClure's Magazine is "Ben B. Lindsey: The Just Judge," by Lincoln Steffens, which admirably narrates the great work of Judge Lindsey. The article is to be continued in the November number. "Galveston: A Business Corporation," by Geo. Kibbe Turner, is an article which should be read by every American citizen. American city government has become rotten, but this article shows how Galveston has solved the problem of securing an honest business administration. Some of the other things contained in this excellent number are: "One of the Eighty Thousand," by James Lincoln; "Robin Goodfellow—His Friends," by Rudyard Kipling; "The Influence," by James Hopper; "Galveston: A Business Corporation," by George Kibbe Turner; "Tammany Tithes," by Harvey J. O'Higgins; "The Story of Montana—III," by C. P. Connolly; "The Second-Class Passenger," by Percival Gibbon; "The Story of Life-Insurance," by Burton J. Hendrick." The number is freely illustrated as usual.

One of the notable features of the October Everybody's is the opening instalment of Jack London's new serial, "Before Adam." Charles Edward Russell continues his series, "Soldiers of the Common Good," with a vitally interesting presentation of Labor's political ascendency in Australia. A stone-mason is a premier, day-laborers are running parliamentary committees, and Mr. Russell studies the results of their administration. "The Burning Insurance Issue" is Mr. Lawson's final appeal to policy-holders to defeat the

corrupt influences still controlling the great insurance companies. Other articles are Ernest Poole's account of the flood of incoming voters at our national gateway on Ellis Island; Vance Thompson's description of the Sherlock Holmeses and Dupins of real life, "The Thief-Takers of Paris"; Frank H. Simond's study of Hughes and Jerome —the conscript and the volunteer in our public life; Roy L. McCardell's gloomy consideration of the servant-question under the surprising title "Help! Help! Help!"; and Allen Sangree's article on "The Strategy of the Ball Field," a sort of glimpse as it were, behind the scenes of professional baseball.

The October World To-Day is a fine issue of this excellent magazine. Some of the articles are: "The Panama Canal As It Will Be" (illustrated), by C. H. Forbes-Lindsay; "The Parnassus of the Ghetto," by Mary Katherine Synon; "Poisonous Reptiles of the United States" (illustrated), by Raymond L. Ditmars; "The Army Training Schools of Fort Riley" (illustrated), by Chas. S. West; "The Anti-Foreign Uprising in Mexico," by Edward M. Conley; "The Fur Trader" (illustrated), by C. Arthur Williams; "Transportation in Cuba" (illustrated), by Edgar W. Dennison; "Edmund C. Tarbell, Painter" (illustrated), by Frederick W. Coburn; "The Trade Unions in Politics," by Thomas S. Adams; "Frontiersman's Day" (illustrated), by Charles J. P. Lucas; "A new Way of Utilizing Peat," by E. Earl Du Bois; "The Roosevelt Dam" (illustrated), by Dwight B. Heard; "The Revival of Irish Industries (with portraits), by Howard P. Rockey; "Compensation for Accidental Injuries to Workmen," by Alan Fox. The editorial departments review current events. The World To-Day is 15 cents per copy and $1.50 per year. It is much superior to many of the magazines published at $3.00 per year. The World To-Day is a necessity to everyone desiring to be well informed.

The new editors of The American Magazine have done well with their first number, the October issue. One of the important contributions to the October number is an article on "The Power of the Press," by "Mr. Dooley." F. P. Dunne never wrote a better "Dooley" article than this one. There are references to Grover Cleveland, Bryan, Roosevelt, Miss Tarbell, Lincoln Steffens, Ray Stannard Baker and others that make lively reading. The cartoons add to the gaiety of the magazine.



F. P. DUNNE

William Allen White preaches a great sermon in his article on "The Partnership of Society." Samuel Hopkins Adams writes most entertainingly of "Dynamite: The Power Untameable." Lincoln Steffens tells a New York police story. Leonard Keene Hirshberg, of John Hopkins University, describes "Popular Medical Fallacies." Frances Benjamin Johnston contributes a series of new portraits of Roosevelt's cabinet. Samuel Hopkins Adams and Stewart Edward White proceed with their serial "The Mystery."

THE DOCTORS' WORLD

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Ethyl Chloride as a General Anesthetic.—The use of ethyl chloride as a general anesthetic is becoming more general. As in the administration of any anesthetic, care and judgment are necessary in using it. What little trouble there has been from its use has resulted from using too large a quantity too freely. In proper amount, properly administered with a suitable inhaler, ethyl chloride may be considered a safe, general anesthetic. Dr. Geo. F. Hawley, of Chicago, writing on the subject in a late issue of the Journal of the American Medical Association, says that after several years of more or less constant use of ethyl chloride, both in clinical and in private practice, he has still to see the first case to cause him the slightest fear or uneasiness. He declares that when used with care and understanding he prefers ethyl chloride to any other anesthetic, in short operations, except, perhaps, nitrous oxide gas. He states that the following precautions should be observed: (1) The patient should be prepared as for chloroform or ether; (2) whatever mask is used, it should fit the face snugly; (3) a graduated tube with a large aperature should be used; (4) the anesthetic should be well supplied with air and as little given as possible; (5) care should be taken not to present it at first in too large a quantity, frequently a drachm is sufficient for short operations; (6) the patient should rest a while after its administration, as faintness sometimes supervenes; (7) a mask should be used which does not receive the drug close to the patient's face; otherwise one is liable either to freeze the face of the patient, or to cause asphyxia by the moisture from the expired air freezing on the gauze in the mask, and thus preventing the free passage of air to the patient.

Dr. J. Blumfield, senior anesthetist to St. George's Hospital, writes in the British Medical Journal regarding the use of ethyl chloride as a general anesthetic:

We must recognize the fact that an anesthetic as convenient and as efficient as ethyl chloride will certainly find wide employment, and that it is, therefore, of more practical value to try and lay down the rules which should guide its use than to decry its employment altogether.

Although in London and other large cities where no considerations of mere portability or time-saving may interfere with the attempt to realize always the most perfect conditions of induction and continuance of anesthesia, ethyl chloride will probably play only a small part; yet the case is far otherwise in other places.

Mr. Bellamy Gardner, in his excellent letter, might have pushed his simile a little further and have shown that, just as anesthetists have with increased experience and experimental work come more and more to regard fatalities under chloroform as due in the majority of instances to the use of too strong a dose, so too, with ethyl chloride, overdosage appears more likely, in any fresh fatal case recorded. to be the true explanation of the result.

I am convinced that many who use ethyl chloride habitually give too large doses, and do not realize with what extremely small amounts the required anesthesia can be obtained. Personally, I find that, generally speaking, 2 ccm. for children, 3 c.cm. for women, and

4 c.cm. for men are the maximum doses to be used, whether for short operations or when ethyl chloride is used before ether. I do not use ethyl chloride at all for prolonged operations, nor do I believe that it should ever be followed directly by chloroform. This dosage has to be combined, of course, with the strictest limitations of air supply; but such limitation is essential to success with ethyl chloride, as was plainly proved by Dr. Hewitt's experiments, in which, starting with liberal air percentages, he showed that even fair results were not obtained until the method of "rebreathing" a concentrated vapor was reached.

Exactly in what way an overdose of ethyl chloride produces its fatal result does not seem at present at all clair, though clinically it appears that the deaths resemble those from primary heart failure rather than asyphxia. The only experimental work, however, bearing on the subject, with which I am acquainted, showed that death was attained with ethyl chloride through respiratory paralysis, the heart's action and the blood-pressure being well maintained. The way in which bleeding occurs under ethyl chloride, the remarkable absence of cyanosis with exclusion of air, the protracted headache and prolonged sickness that sometimes follow, seems to suggest that a blood-change may be really the explanation. However that may be, I believe that if ethyl chloride were used only—(1) with strict attention to dose, (2) alone or as a preliminary to ether, (3) with a small prop between the teeth, (4) from simple "bag and face-piece," with no intervening lint or sponge, there would be less frequent occasion to deplore its employment.

Vibration—Dr. Otto Juettner, of Cincinnati, contributes on excellent article on this subject to the International Journal of Therapy from which we quote:

The therapeutic effect to be produced should suggest the technique of vibration. From previous considerations we know that mere contact is the simplest form of stimulation. If we add pressure up to a certain degree, the stimulating effect is enhanced. Continued firm pressure finally tires a nerve and a sedative action is the result. If we continue firm pressure beyond the sedative dose the activity of the nerve is suspended, i. e., inhibition of nerve function takes place. Since vibration is a form of interrupted pressure, we may reasonably assume that effects analogous to those of continued pressure can be produced. The rhythmical interruptions are in themselves capable of exciting nerve-action is plain. Thus, we may summarize the effect of central vibration:

1. Mild stimulation (very short strikes.)

3. Powerful stimulation (deep strokes.)

3. Suspension of nerve-activity from over-stimulation (long-continued, deep vibration.)

Central stimulation is a subject worth investing. We are still at the threshold. It behooves any and all of us to investigate carefully and help in the elaboration of this new and promising field of physio-therapeutic work. I will attempt to give the general landmarks of the subject as far as our knowledge of neuro-physiology and actual experience in ce ntral vibration justify any statements.

Theoretically, the idea of acting upon pathological conditions through the central nervous system, or, to be more correct and explicit, through the sympathetic nervous system, is in perfect harmony with the pathological view which looks upon all diseased conditions as being either due to over-nutrition (hypertrophy, inflammation, catarrh), undernutrition (atrophy, degeneration), or perverted nutrition (ischemia, toxemia in the widest sense, abnormal cell-formation.) At all events, the essence of dis-

ease is thought to be some disturbance of local or general nutrition. Since, however, nutrition is practically synonymous with blood circulation, the idea of controlling (increasing, decreasing, altering) local nutrition resolves itself practically into the idea of controlling (stimulating, depressing, changing) the circulation in an affected region. The sympathetic nervous system is, to all intents and purposes, the auditing office of the commissary department of the organism. It controls the supplies furnished to the different parts of the body. The sympathetic ganglia and plexus represent chiefs in charge of the supplies of special departments. These heads or chiefs have clerks under their control who look after the supplies of small portions of the regions superintended by the chief. For example: The sympathetic plexus that controls the nu- From it are derived ten smaller nerve-plexus, known as the phrenic, celiac, gastric, hepatic, splenic, suprarenal, renal, superior mesenteric, inferior mesentric and spermatic plexus, whose sphere of control is suggested by their names. To stimulate the solar plexus means to increase the nutrition of (circulation in) all abdominal organs. The synonymous character of "curculation" and "nutrition" is suggested by the terms "vasomotor" and "trophic," trition of (circulation in) all abdominal viscera is known as the solar plexus. which are likewise synonymous and refer to the sympathetic nervous system. The "vasomotor" nerves are the "trophic" nerves. Both names are interchangeable with "sympathetic" nerves.

VIBRATION TABLES.

Cervical Region.

Circulation (face, head, brain); (general)	1. to 6. cervical vertebrae
Eye	1. to 3. cervical vertebrae
Heart (muscular tone)	1. to 5. cervical vertebrae
Heart (rhythm)	2. to 4. cervical vertebrae
Ear	6. to 7. cervical vertebrae
Organs of voice (larynx, etc.)	1. to 3. cervical vertebrae
Mechanism of respiration	3. to 5. cervical vertebrae
Thermic centers	2. to 5. cervical vertebrae
Glands (lower jaw)	2. to 3. cervical vertebrae
Diaphragm	3. to 5. cervical vertebrae
Plexus (cervical)	2. to 4. cervical vertebrae
Plexus (brachial)	5. to 7. cervical vertebrae

Dorsal Region.

Stomach	3. to 12. dorsal vertebrae
Relaxation of pylorus	4. to 5. dorsal vertebrae
Liver	9. to 12. dorsal vertebrae
Pancreas	8. to 9. dorsal vertebrae
Spleen	8. to 11. dorsal vertebrae
Intestines (small)	1. to 10. dorsal vertebrae
Peristalsis	9. to 11. dorsal vertebrae
Chill-centers (connected with thermic ganglia	7. to 8. dorsal vertebrae
Kidneys	6. to 12. dorsal vertebrae
Diaphragm (through phrenic fibers of solar plexus)	11. to 12. dorsal vertebrae
Lymph-circulation (through splanchnic nerves)	5. to 12. dorsal vertebrae
Lower extremities	2. to 12. dorsal vertebrae

Lumbar Region.

Intestines (large)	1. to 4. lumbar vertebrae
Mechanism of micturition	1. to 2. lumbar vertebrae
Sexual desire	2. lumbar vertebrae
Sexual mechanism	1. to 5. lumbar vertebrae
Kidneys	1. to 3. lumbar vertebrae
Menstrual function	2. to 5. lumbar vertebrae (also 8. to 10. dorsal vertebrae.)

The function of the motor and sensory nerves is likewise controlled by the sympathetic nervous system. The degree of their functional capacity is determined by the nutrition of their fibers and ganglia. Malnutrition of motor and sensory nerves means corresponding impairment of motion and sensation in the areas supplied by them. Destruction of these nerves means suspension of motion and sensation. The lymphatic vessels and glands, the heart, the lungs, the skin, in fact, any and every part of the organism is controlled by and, therefore, can be reached and acted upon through the nervous system. This is the basic theory of central vibration.

Central stimulation by manipulation and vibration of the spine is of importance in the treatment of paralytic cases.

Catarrhal Conjunctivitis.—This is a disease which the general practitioner is frequently called upon to treat. The following article from the Birmingham (Eng.) Medical Review, is worthy of careful perusal:

Catarrhal conjunctivitis is the most common disease of the eye. It is popularly known—in the Midlands at least—as "blight." In other parts of the world it is known as "pink eye.' For practical purposes the disease may be regarded as contagious, and from a hygienic point of view it would be a distinct advantage if it became popularly known as "contagious ophthalmia."

The organisms concerned in its production are:

1. Koch-Weeks bacillus.
2. Pneumococcus of Fraenkel.
3. Morax-Axenfeld bacillus.
4. Staphylococcus.
5. Streptococcus.
6. Bacillus coli.

The first three are those most commonly met with, and may be found in almost pure cultures in the conjunctival sacs of patients suffering from catarrhal conjunctivitis. The remaining three organisms are rarely found alone, and their relationship to the inflammatory process has not been definitely established.

Clinically, catarrhal conjunctivitis is divided into acute, sub-acute, and chronic. It has been found, however, that cases which have the same clinical appearances may be due to distinctly different organisms. As a rule, the Kock-Weeks bacillus and the pneumococcus give rise to the acute form, whilst the Moran-Axenfeld bacillus sets up a subacute or chronic conjunctivitis.

It must, however, be remembered that a subacute or chronic case may, by contamination of another conjunctiva, give rise to an acute conjunctivitis, and vice versa. Being, therefore, a microbic disease, an essential part of the treatment consists in prophylaxis, i. e., preventing the spread of the disease to the patient's second eye (if not already infected) or to the eyes of his neighbors. As far as can be judged, the infection is not air-borne in these cases. Contagion is due to direct contamination of the eyes by infected fingers, towels, handkerchiefs, goggles, sponges, etc.

The patient and his friends should, therefore, on no account apply any article used for the infected eye to the second eye, or allow anyone else to use such an article. In schools the children should be isolated at once, and each should have a special and separate set of toilet articles, which should be washed and disinfected in the patient's room.

The curative treatment consists in the mechanical and antiseptic cleansing of the conjunctival sac with some lotion, and then to apply some antiseptic or astringent drops, followed by the insertion of some ointment between the lids. The lotion must be non-irritating. It is not at all necessary to use strong antiseptic lotions. A lotion of boric acid, or borax and soda (2 per cent),

is probably as efficacious and much less distressing than weak solutions of perchloride of mercury or formalin. It is important to irrigate freely and often if there is considerable discharge. About a pint of boric acid lotion at a temperature 98° F. should be used to thoroughly irrigate the whole conjunctival sac at least twice a day. In the interval the patient may frequently bathe the eyes with small swabs of cotton wool thoroughly soaked in the lotion, or he may use an eye cup for the same purpose. A few minutes after the use of the lotion, a few drops of a somewhat powerful germicide should be instilled into the eyes. For this purpose the compounds of silver are pre-eminently the best in most cases. Silver nitrate is perhaps the most efficacious, but it gives rise to a good deal of smarting, and there is sometimes considerable edema and increased congestion and discharge after its use. For this reason it is often prescribed in conjunction with cocaine. The usual drops of silver nitrate given to the patient for continuous use are as follows:

Cocain. nitrat. .....gr. viij.
Argent. nitrat. .....gr. j.
Aquæ destill. .....℥j.

Owing to the irritating nature of the nitrate salt, a number of more or less painless organic salts of silver have been placed on the market in recent years. Of these newer preparations, argyrol and protargol seem to be the most generally useful. In solutions of 5 per cent to 20 per cent they are practically painless when instilled into the conjunctival sac, and it is not as a rule necessary to combine them with cocaine. Should there be a good deal of pain in the eyes, the cocaine may be added to allay such symptoms, e. g.:

Cocain. nitrat. .....gr. viij.
Argyrol vel protargol...gr. xx.
Aquæ destill. .....℥j.

All silver compounds used as drops for the eye should be discontinued after a month's use. The chief reason for this is that, if continued uninterruptedly for a longer period, they are very liable to produce a brown discoloration of the conjunctiva (argyrosis). It is also probable that, if the disease is not cured or at any rate much relieved, in this time, the drug is losing its effect, and it would be wise to try a change of remedies.

In cases where there is much velvety thickening of the conjunctiva, it is often necessary for the surgeon to paint the tarsal conjunctiva and the retrotarsal folds with some strong antiseptic or astringent solution. For this purpose the following may be used: Silver nitrate, 2 per cent; argyrol or protargol, 20 to 25 per cent; and in more chronic cases: neutral subacetate of lead, 2 per cent; sulphate of zinc, 2 per cent. All excess must be washed off with normal salt solution, and, of course, lead must on no account be used in any form if there is any loss of corneal epithelium from ulceration or otherwise.

Although the above treatment is efficacious in most cases of catarrhal conjunctivitis, we occasionally find that it entirely fails. This is generally in the less acute and chronic cases. I am inclined to think that the silver salts are not effective in cases due to the Morax-Axenfeld bacillus and the pneumococcus. Under such circumstances, other remedies must be resorted to. The chloride or sulphate of zinc is especially applicable in these cases. It may be conveniently prescribed as follows:

Cocain. hydrochlor. .....gr. viij.
Zinci sulph. .....gr. ij.
Aquæ destill. .....℥j.

The addition of 30 minims of liq. adrenalin chloride to this combination apparently increases the astringent effect, but the action is temporary, and, as far as my experience goes, it has no therapeutic value.

In subacute and chronic cases, numerous other astringent lotions and drops may be tried should the above prove

ineffectual. It is only necessary to mention alum (1gr. 4 to 1 oz.), tannic acid (gr. 4 to 1 oz.), resorcin (gr. 4 to 1 oz.). In cases of chronic conjunctivitis, where there is a marked enlargement of the conjunctival lymph follicles, drops of copper sulphate (1-2 to 1 gr. to 1 oz.) may be found useful.

It is customary to apply a little ointment to the margins of the lids after the lotion and drops have been used. The main object of such an application is to keep the lids from sticking together and thus causing an accumulation of the discharge in the conjunctival sac. In acute cases it is essential that the ointment should be non-irritating. It is not necessary that it be an antiseptic ointment, and probably fresh butter, pure lard, unguent cetacei, dilute boric ointment, vaseline, or cold cream are as good as anything that can be got. If an antiseptic ointment is desired, the following will be found convenient and non-irritating:

Iodol .....gr. v.
Lanoline .....ʒ ss.
or,
Protargol .....gr. xx.
Zinci oxid .....gr. xv.
Pulv. amyli. .....gr. xv.
Vaselini alb. .....ad. ʒ ss.

In the subacute and chronic cases there is more necessity for antiseptic and stimulating ointment. The mercurial ointments, especially ung, hydrarg. oxid. flav. (gr. 2-6 to 1 oz.) and ung. hydrarg. ammoniat (gr. 2-6 to 1 oz.) will be found suitable.

In diplo-bacillary conjunctivitis, Berry recommends the use of the following ointment, either with or without formaldehyde:

Zinic oxid. .....ʒ ss.
Ichthyol .....gr. i.
Formaldehyde anhydr.
(1 to 1,000).....m. v.
Vaselini alb. .....ad. ʒ ss.

In addition to the above routine treatment, special attention must be given to special symptoms and complications. Photophobia, if marked, requires the use of shade or smoked glasses. Bandaging of the eyes must be avoided, as it causes retention of the discharge in the conjunctival sac and aggravates the disease. Corneal ulcers are not common, but when they do occur the silver salts must be combined with atropine.

At a meeting of the American Surgical Trade Association, held in Philadelphia, June, 1906, it was resolved that after Janulary 1st, 1907, the trade adopt the French Scale for all catheters, bougies and sounds.

A committee was appointed for the purpose of getting up a proper and accurate French Scale Card, and the same will be mailed to you.

Every physician will see the importance of this step as you are all acquainted with the annoyance of having catheters, bougies and sounds, and other instruments marked in American, English or French numbers.

You are requested from above date to use only the French Scale in ordering such goods and when no scale is specified, orders will be filled by the French Scale.

M. L. Harris, Chicago (Journal A. M. A., October 27), calls attention to the necessity of the correct estimation of testimony and the logical proving of facts by physicians and surgeons in the exercise of their calling. The physician dealing with matters of life and death too often fails to apply the commonest rules of logic to his reasoning, and the result is that his deductions are too often unwarranted and erroneous. His errors are not so much due to lack of knowledge as to the fact that they are based on unreliable testimony and insufficient evidence.

PRESCRIPTIONS

By J. A. Burnett, M. D.

FOR DIPHTHERIA AND OTHER CONDITIONS.

The following is of value in diphtheria cases or suppuration of the tonsils, pus in the pharynx, pyemia with abscess when the temperature is high or below normal:

℞

Dilute sulphuric acid.....ʒij.
Tinct. chloride iron .....ʒij.
Glycerine .....℥j.
Sat. sol. chlor. potassa..q. s. ℥iv.

Sig.—Dose, one teaspoonful every hour or two.—J. A. Burnett,

BOILS.

An excellent ointment for the treatment of boils is that recommended by Bulkley. It consists of:

℞

Carbolic acid .....gr. 5-10.
Fld. ext. ergot.....ʒ ss.
Starch .....ʒ ij.
Zinc oxide .....ʒ ij.
Ung aquæ rosæ .....℥ ij.

It is spread upon the center of a moderately thick layer of absorbent cotton, several times the size of the inflamed area, and secured with strips of adhesive plaster. This dressing can be left on for ten or twelve hours.—International Journal of Surgery.

CATARRH.

The following is of value in catarrh.

℞

Chloral hydrate.
Camphor gum.
Carbolic acid crystals....aa ʒj.
Olive oil .....ʒiij.

M. Sig.—First triturate the chloral hydrate and camphor gum until a liquid, then add the carbolic acid crystals and mix thoroughly; then add the olive oil. Use it locally two or three times a day.—J. A. Burnett,

A SURE CURE FOR ASTHMA.

The following is said (Medical World, June, 1906, p. 219), to be a sure cure for asthma.

℞

Nitrite of amyl.
Fld. ext. lobelia.
Fld. ext. skunk cabbage aa ʒiij.
Fld. ext. blood root.....gtts. xx.
Simple syrup .....℥viij.

M. Sig.—Dose, one teaspoonful before meals and on retiring.—J. A. Burnett.

ACUTE CYSTITIS.

℞

Potassii acetate. .....℥j.
Fld. ext. buchu .....℥j.
Sp. etheris notros .....℥j.
Codein. sulph. .....gr. iv.
Infus. tritici repent. ...q. s. ad Oj.

M. Sig.—One- half ounce every three hours.—G. F. Lydston, M. D., in Medical Review of Reviews.

A REMEDY FOR LUMBAGO.

A good remedy for all forms of lumbago is;

℞

Specific arnica.
Specific macrotys .....aa ʒij.

M. Sig.—Dose, 2 to 4 drops every one or two hours.—J. A. Burnett,

A SURE CURE FOR TONSILITIS.

The following is said (Medical World, March, 1906, p. 94), to be a sure cure for tonsilitis:

℞

Sat. sol. chlorate of potassa..℥iv.
Bichromate of potassa.....gr. ij.
Tinct. iodine .....ʒss.
Tinct. iron .....ʒj.

M. Sig.—Use a teaspoonful as a gargle every two or three hours. For children use with a swab.—J. A. Burnett.

HEMORRHOIDS.

℞

Tr. collinsonia .....gtt x.
Aqua .....℥ iv.

Teaspoonful every four hour.—La Tribune Medicale.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

CATARRH OF THE FEMALE GENITAL ORGANS

By Justin Herold, M. D., New York

Catarrhal conditions of the female genital organs are characterized by a discharge. This discharge must determine whether the condition is catarrhal or whether it is due to a growth. Making your diagnosis by exclusion with the aid of the microscope, determine that it is a catarrhal condition and treat it likewise. Gonorrhea is in the majority of cases the cause of vaginitis. Vaginitis is treated first by douching the parts with a solution of glyco-thymoline, one ounce to a quart of hot water, applying strips of cotton or gauze, saturated with the solution and left in place for twelve hours, even may be repeated more frequently than twice a day. This may be alternated with other antiseptic and astringent solutions. In other and severe forms of vaginitis, douching and irrigation of the parts with glyco-thymoline may be practiced with advantage and after the application of stronger caustic and remedies. If the uterine mucous membrane be the seat and origin of the discharge and parts must be dilated, strong applications made, irrigated before and after to clean out all deleterious material and to neutralize the excess of the caustic or other medicament that may be employed. For this purpose I make use of irrigations of glyco-thymoline, one ounce to the quart.

THE TREATMENT OF COUGH

Cough, regardless of its exciting cause, is a condition that every physician experiences more or less difficulty in relieving. While the agents designed for its relief are numberless, it is a matter of common knowledge that but few of them are of general utility, for the reason that although they may be capable of effecting relief, in doing so they either derange the stomach, induce constipation, or cause some other undesirable by-effect.

The ideal cough cure must combine sedative and expectorant properties without exhibiting the slightest system-depressment, gastric-disturbing, constipation-inducing or palate-offending action. Nor should it contain any ingredient the prolonged use of which would cause a drug habit. Then too, it must be of sufficient potency to produce the desired effect with the utmost promptness, for, in many instances the patient has indulged in self-drugging to a certain extent before consulting the physician; hence, it is directly to the interest of the practitioner to demonstrate his skill by immediately relieving the disturbing condition.

It is now universally conceded that glyco-heroin (Smith), is the ideal cure for coughs of all varieties. This product embraces the most active sedatives and expectorant agents in the exact proportions in which they exhibit their greatest remedial potency. It matters not what the exciting cause may be, the effect of this preparation is always immediate, pronounced and extremely agreeable. The cough is almost instantly suppressed, the expulsion of the accumulated secretions is stimulated, respiration is rendered free and painless and the inflammation of the lining of the air passages is speedily allayed by its use.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. IX NOVEMBER, 1906 No. 11

Leading Original Articles

PHYSICS OF THE X-RAY

By Gordon G. Burdick, M. D., Chicago, Illinois.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor of Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

MEDICO-LEGAL RELATIONS.

Any physician who begins the use of the X-ray, either for diagnosis or treatment, soon finds out that there is such a thing as "Law in the land," and that no matter what he may do, he will find himself a part of the huge legal machine, either as a witness or defendant. His education begins right here, and he will find that all he thought he knew about law, "Ain't so!" as Mark Twain would put it. He will go in with all of his boyhood respect for this ancient and supposably honorable institution, and after a few years' acquaintance, extricate himself with nothing but contempt, even if mingled with fear, of the actual dishonesty present in nearly all of the metropolitan courts. Here and there he will run into a rural community and meet a judge, lawyers and jurors, actuated by the highest ideals, and an atmosphere of loyalty and honor among the whole family, and temporarily recover some of his lost respect; but when thrown again in contact with law as it is administered in large cities, it makes us wonder and fear for the foundations of our government. Lawsuits in large cities have degenerated into nothing but a trial of wits. No method is too dishonorable or contemptible for either plaintiff or defendant to use. Every artifice from perjury, pull, jury bribing, buying of witnesses and sending them out of town, down to the actual manufacture of evidence for presentation in court. I am sorry to say that physicians play a very important part in this general scheme of perjury, and frequently make possible the greatest wrongs that can be inflicted upon human beings.

THE ACCIDENT EXPERT.

This gentleman is the main cog in the medico-legal machine. His services are absolutely necessary to the success of the undertaking and he must be right on the spot when the accident happens; if not, some of the other five thousand physicians in the city may spoil the broth. However, he is only one cog in the machine; the others are lawyers, investigators, witnesses, and of course the party injured, the place, and the time, which is usually about six o'clock, when the streets are full of workers returning home. Of course it

is generally a woman that gets hurt, and the more corpulent she is, the more difficult it would be to examine her. Nearly all of these accidents result in "falling of the womb," haematoma, peritonitis, or incontinence of urine, and frequently fractures of the long bones, especially close to the joint, occasionally injury to the spine. Ordinarily the suit is brought against the city, or some street railway corporation, but private property owners are not immune, if it once becomes known that they have plenty of money. If the evil keeps growing it will be necessary to put a life-net over your front porch to keep people from falling off. When the case comes up in court we have several honest witnesses (these cases never happen without a witness in sight), and the regulars who belong to the machine, including the medical expert, who is so necessary to make out a good case of injury. Their part of the combination is to prove the plaintiff as being a mental or physical wreck, and from the large amount of practice they have in doing this repeatedly, very little difficulty is found under our present court procedure.

VERDICT THERAPEUTICS.

The large number of cures that may be wrought by a good, large verdict, should shame the pessimists in the medical profession, and can only be equaled by the Christian Science cult. The blind can see, the halt can walk, displacements of the uterus disappear like magic, spinal diseases get well, they recover control of their urine, and in many ways these poor sufferers are benefited, but not to the same extent as the lawyers and doctors, for their bank accounts grow and they buy red automobiles. The profits must be large, as some of these medical philanthropists have stopped administering to human ills, and spend all of their time in court, and incidentally, where the accident is going to happen. Just where the judge comes in on the deal I have not been able to find out, but it is not necessary to watch the "antics" and rulings of some of them very long to be sure that they have a "private tunnel" somewhere. An instance in point; I was consulted by a foreigner who wished me to promise to stay in my office upon a certain date at five-thirty p. m., and when he called me I was to get to him as quickly as I could. I did not comprehend just what he was driving at but promised to do so, and a call came as expected. I went to the house and found a woman apparently suffering frightfully; she was pregnant six months and seemed to be in labor. Close questioning elicited the information that she had received an injury by falling through a sidewalk a short time before, and had seriously injured her back. I was asked by the husband to take the case, (he meant the legal end). I examined her and could not find the slightest signs of injury. Fearing that labor might set in from the excitement, I gave her large doses of chloral and bromide. The next day I was surprised by a representative of an attorney who wished to interview me and get a statement in regard to the injuries received. I refused to give a statement and was not called in again. In the course of four years I was summoned into court to give evidence in her favor and when I started in to give this statement of facts, consternation seized the attorneys and they objected. The judge sustained the objection on the ground that as she was suing and not her husband, his action would have no bearing upon the case, as she did not by word of mouth confirm his work, not being able to speak English. The evidence of another physician was excluded upon the same ground. Fortunately the evidence had its effect upon some members of the jury and a disagreement resulted. It is safe to say that I will not be called the next time the case is tried.

In another case I was called by a

physician, in consultation, to see a woman and found her suffering from an undelivered septic afterbirth. I curretted her and while returning home on a cable car was joined by an investigator for the railroad. After a few commonplace remarks he said he had just cleared up a case for his company that would save them thousands of dollars. He explained that a fat woman who was six months pregnant, had fallen off the cars, which started suddenly, and had brought on labor, and that she was near death. He mentioned the physician's name, and a few questions put me in possession of the fact that he had paid the physician five hundred dollars in settlement of the claim, and considered it a good bargain. I did not tell him that I had just come from the place and that the physician had confessed to me that he had procured the premature labor himself (without mentioning the accident), and had begged me to help save him from the consequences of his folly. I also learned the woman's part in the plot was the compensation of avoiding an unwelcome child. It is needless to say I received no compensation for my time and trouble. I have the best reason to believe that this man has played the same game on nearly every transportation company in the city, and it works every time. It is probable that there are not many physicians who make a business of trying these tricks, but it seems to be a fairly safe undertaking, owing to the lamentable ignorance among lawyers regarding medical subjects. It is an easy thing to defeat them as I have proven, by coaching a lawyer in advance upon the merits of a particular case by indicating questions calculated to trap the expert, and have never had any difficulty in bagging the game.

THE HONEST EXPERT.

The appearance of men with seemingly a good and unblemished reputation in court, attempting to bolster up a weak and suspicious case with the weight of their name and reputation, was for a long time a puzzle to me, but have since found out that they themselves are the victims of a confidence game like the defendant. In other words they are approached and told that Dr. L. W. X. (the name of a notorious medical liar, who through some pull has maintained a connection with one of our best medical institutions and is much sought after by corporations who need him and are willing to pay for his services), is to appear in the case, and that the facts are these, etc., etc., and we would like to get a man with your reputation to examine the case in order to combat the testimony of this notorious physician. Now, your great expert has at some time or other had his feelings hurt by this same medical fakir, and is just aching to get even. When the oportunity presents itself, accompanied by a one hundred dollar fee, "you will always find your uncle there with the goods on." Does he perjure himself? No, hardly! He manages to tell the truth in such a way that, owing to the ignorance of the lawyers, the jury is deceived and a verdict is won.

THE CORPORATION EXPERT.

Experience has taught me that the corporation is no less unscrupulous than the plaintiff; evidence is created and filed away for future reference. When an accident happens the names of all present are taken and in the course of a few weeks an invitation is sent to them to call at the office of the company where a statement of the accident is read to them and questions asked regarding it, which are taken down by a stenographer, and if the witness' testimony confirms the statement of the company they are asked to sign it and are given a check all the way from ten to twenty-five dollars. Nothing more is heard about the matter until the case comes up in court, when they are subpenaed and the state-

ment read to them; if they do not confirm it and decide to testify in favor of the plaintiff they are allowed to do so, and when they have given testimony different from the statement given to the company, it is introduced into court to their confusion. The company always pays liberally for evidences given in court.

PROFESSIONAL WITNESSES.

A good, easy way to make a living has been found by certain people who have discovered that the corporations pay liberally for the "right" kind of evidence, so they scan the police reports for notices of all accidents, and by inquiring in the neighborhood they soon are in possession of all the details and facts. Their wits soon concoct a story that will exonerate the company of legal liability and when the company finds out that such evidence exists, they are willing to pay liberally for this evidence. When an accident happens it is the duty of the corporation investigator to get to the case first, and try and get a settlement for the least possible amount before the patient wakes up to a realization of his actual injury. If that can not be accomplished he induces the patient to believe that the corporation is very much interested in the case, and in order to see that he is getting the the proper treatment they would like to call in Prof. L. W. X. to see if everything possible has been done for him. The unsuspicious patient has no especial objection and the champion medical prevaricator is admitted and allowed to make an examination. Nothing more is heard about the matter until it comes up in court, when we find the learned professor present to testify that the patient had no evidence of a broken bone, but was suffering from a sprain, and moreover that the patient had told him such and such a story, one of course that exonerates the corporation from all liabilities. This style of medical testimony has gone on for so many years that it is looked upon as legitimate. Sometimes he is followed by a number of lesser lights, who are willing to testify that an accident could not have happened in this manner, and if it did happen as alleged, it would be impossible to receive this kind of an injury.

THE EFFECT UPON THE PROFESSION.

A curious condition has been brought about since the growth of this great evil, and as usual the general practitioner gets the "hot end of the poker." For instance, an accident happens in the neighborhood of some physician's office, and immediately a crowd hurries for the doctor, who hastens to the patient's side to give what assistance he can; but many times he finds the victim as badly mangled that it requires six months to put him on his feet again. As most of these accidents happen among poor people, many times to the bread winner of the family, it does not take much imagination to estimate the amount of money the good physician is going to receive for his services, and when he has finished his work and has put the patient on his feet again, and after waiting two years to give the man a chance to catch up with his loss, he sends in his bill, only to be met with the cool request that he had better look to the company for his money, as they were responsible and should pay. Application to the company is followed by a visit from the investigator who interviews the doctor about the injury. If the facts are approved by the investigator the physician is told that they will consider his bill on settlement, or after the case is tried, and he is requested to visit the company's office where his statement is taken. Eventually the company may, or may not pay his bill, all depending upon the amount of native shrewdness of the man and the number of accidents that may occur near his office. At any rate the average general practitioner has about the same sensation as the victim of a highwayman, "who is real glad that they didn't take his un-

derclothing,'' and the physician finds himself in a position where he must suffer a large financial loss or ''play ball in court.'' This condition has become so serious that many a physician will not attend an accident case under any consideration and are often called inhuman, and abused by the papers for their stand in this matter, but being humane has its drawbacks in a large city. Attendance on an accident case that dies, places the physician under obligation to dance attendance upon the coroner's office, and this office in all large towns is the reward given to some cheap political shyster, usually of the foreign type, no more consideration is shown to a physician than to an ordinary laborer and he may have to sit around all day waiting in the ante-room with a lot of cheap machine grafters who are expecting to be called as jurymen. The physician is questioned by some whiskey-soaked deputy in much the same way as a criminal might be put through the sweat box, or again the case may have been one of murderous assault, and then the physician's troubles are multiplied, for in a few weeks he is summoned before the grand jury, and after spending a day or two sitting on hard benches he is again called to tell his story. At any time, from two months to as many years, he is again summoned to attend court and give testimony, and it is here that very little consideration is shown him. Some of the assistant states attorneys will agree to call him by telephone when wanted, while others will not give him this courtesy. If he is unfortunate enough to be subpenaed upon the side of the defense, he will be kept upon the anxious seat anywhere from one to eight weeks. He must always keep in connection with his office, or if he is wanted and not there a fine for contempt of court is certain. The average criminal case will take at least four days of his actual time, and when he gets upon the stand and tells the truth as he may know it, a vicious attempt is made to develop any signs of ignorance he may have. He is asked fool questions by the hour, and is supposed to answer them with unfailing good humor. How many of this kind of experiences is it necessary for a physician to have before he feels inclined to run in the other direction when an accident happens?

As the radiographer is an important cog in the medico-legal machine, we will consider his relation in the next issue.

THE ELECTIVE SURGERY OF THE FACE

By Charles C. Miller, M. D., and Florence Miller, M. D., 70 State St., Chicago, Illinois.

(Continued from Page 319 October Recorder)

EVERSION OF THE LIP.

In the October number the operations for eversion, which did not include the removal of tissue, were described. Marked eversion of the lip is best overcome by the excision of a portion of the mucosa of the lip and the suturing of the interval so formed.

Operations which include the removal of a portion of the lip within the mouth may be performed successfully by the aid of infiltration with a very weak solution of cocaine as described in the October Recorder.

The patient should, in a preliminary preparation, carefully cleanse the entire oral cavity at the time of operation. The lip should be turned outward by the surgeon and cleansed as for any operation. Infiltration should include an area extending beyond the proposed field of operation and the tissues should be injected to such an extent that no pain is felt when the tissues are pricked by the point of a needle or a scalpel. For emphasis, let me say the operative steps should be entirely painless.

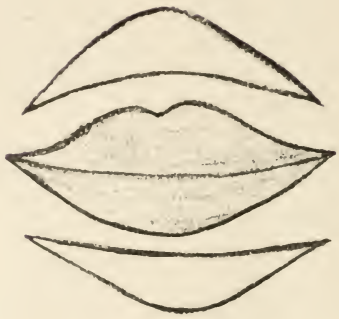


Fig. 1.—Illustrates the manner of overcoming eversion of the lip by the excision of an area of mucosa. Here a semilunar area is outlined above and below. The shape of the area excised may be varied as the operator elects to best secure the desired effect; the excision may be made close to the margin of the gum, or may be made along the free margin of the lip altogether, in this latter instance care must be taken to see that an eversion is secured which will effectually hide the line of union.

Fig. 2.—Illustrates condition after sutures are applied. In all such cases the interrupted suture is preferable to the continued.

The mucosa excised may lie near the base of the gum and well away from the free margin of the lip, or it may include that portion just within the mouth. Where the excision is made along the free margin of the lip the operator must be particularly careful not to make such excision so far out that the scar will be visible after the completion of the operation.

The shape of the area of mucosa excised varies according to the particular result desired in the individual case. In man, a simple semi-lunar or crescent shaped area may be excised, while in others it may be preferable to vary this shape considerably so as to obtain a more perfect result. Where the mouth is unduly large an attempt may be made to diminish it somewhat in size by the more free excision of tissue near the angle, and suturing practiced so that the tissues are drawn somewhat toward the median line. Such an attempt to diminish the size of the mouth must be made with discretion, as the drawing of the tissues toward the median line predisposes to eversion.

The area of mucosa to be excised may be mapped out merely with the eye of the operator or the sharp point of a scalpel may be used to outline it. Scissors with sharp points are preferable to the scalpel for excising the tissue. The operator holds the lip well everted with one hand while using the scissors and should excise the entire segment outlined unless too free spurting from divided vessels interferes and necessitates discontinuance until hemostasis permits further cutting. When the operation is performed so that the mucosa excised is near the base of the gum, no attempt should be made to remove any considerable amount of tissue, the mucosa alone being lifted up and dissected away. When the operator has a lip which is entirely too thick, he will find in some cases in order that a perfect result may be obtained it may be necessary to excise a considerable portion of labial tissue. In such an instance the excision should be within the mouth but very near the free margin of the lip. The operator excises the labial tissues according to the dictates of his judgment. These tissues may be clipped away with scissors; spurting vessels divided being controlled by forceps or by twisting.

Hemostasis in these operations must be complete before suturing is attempted. The control of hemorrhage may be accomplished with forceps or by twisting. Hot compresses and chemical styptics are not advised. The twisting of vessels and crushing with strong hemostats is preferable to ligation, although when a vessel spurts freely the operator may ligate it with fine catgut. Buried ligatures may be a source of inconvenience for a time after these operations and should not be used unnecessarily. Any form of needle may be used for passing sutures. The interrupted suture will be found more satisfactory and practical for these cases. The suturing closes the interval formed in the mucosa and in this way draws the everted lip inward so that the desired result is obtained. In every case the operator closes according to the dictates of his judgment so that the best possible inversion and improvement in appearance is obtained.

No dressings are applied after the operation. The parts are to be thoroughly cleansed several times daily with mild antiseptic mouth washes and the surgeon daily removes from about the sutures any accumulated food or foreign material.

Silk is preferable as a suture material. Silk permits of the thorough cleansing of the wound daily with peroxide of hydrogen. The use of catgut may be more satisfactory to surgeons who are particularly partial to this material for suturing.

(To be Continued.)

DISEASES OF THE HEART. PERICARDITIS

By Edward C. Rothrock, M. D., Palestine, Texas.

Whilst modern pathological research has done much to clear up the character of some affections of the heart not before accurately understood, there yet remains much to be ascertained, not only in regard to the causes of these disorders, but especially in respect to the therapeutics of this great central organ and its appendages. Yet we have a knowledge of general principles to aid us in the application of therapeutic measures, also an experimental knowledge of the action of certain remedies on the general system, in other diseases, to guide our judgment and to restrain that injudicious interference which the urgency of the symptoms and our natural solicitude for the patient tend to induce. The experience of most of the older members of the profession concurs in recommending a judicious and discriminating incredulity of fads, new fangled notions and so-called theories in this headlong and teeming age: in reprobating the impatient anxiety for repeated and constant use of remedies, and in earnestly impressing the danger often attending that course upon the minds of all young practitioners. Doubt and hesitation in regard to administration of active measures are perhaps more important and necessary in the treatment of diseases of the heart than in almost any other cases to which we are liable to be called. A disease involving an organ indispensable to life, and the functions of which are so impossible to be substituted by the vicarious action of any other organ, impels the necessity for unusual care in the treatment of its abnormal action.

The internal layer of the pericardium is a serous membrane, and when inflamed presents similar post-mortem appearances to the pleura in like conditions—injection, exudation and swelling. If pus should form in abundance the exudation becomes purulent, and if the exudation undergo decomposition it will be fetid, discolored, ichorous as in empyema, and may be absorbed, but if of fibrinous character will cause adhesions between the heart and the pericardium.

If the fluid is in large quantities, the heart is pushed back from the thoracic walls, its functions interfered with and the lungs compressed. The result may be congestion of the lungs, brain and liver, and edema of lower extremities.

Pericarditis may be caused from cold, result from injuries, or from acute rheumatism, pleurisy, pneumonia, Brights disease, fevers and ulcerative processes of ribs, vertebrae, liver, stomach, esophagus, etc.

It is attended with fever, often commencing with a chill and sharp cutting pain in region of heart, increased by motion, rapid pulse, pain increased by deep inspiration and external pressure. Dyspnea is present generally to such an extent as to prevent the patient lying. (if can lie down at all can only lie on the left side) often a dry hacking cough. Physical signs—In a day or two, as the deposit of fibrin is formed within the pericardium, the friction sound is heard, not with the sound of the heart, but precedes or follows it.

Indications for Treatment.—Ascertain the cause and, if possible, remove it. Insist upon rest—general rest. In all acute inflammation the diet should consist of liquid food. Watch carefully the condition of the heart and circulating system, and the tension of the vascular system may have to be lessened. The action of the heart may have to be stimulated. We must watch the condition of the nervous system—it may be necessary to act on the nervous system generally. It may be necessary to remove inflammatory exudations by mechanical measures or by medicines, to assist absorption by lessening the

amount of fluid in the vascular system by means of cathartics, diuretics and sudorifics. For fever, pain in the region of the heart, aconite one to two drops every hour until pulse is reduced, then at longer periods, every two or three hours. After moderation of the fever if there is still pain in the heart, byronia, two to five drops, alternated with aconite will give relief; adonidin is also good, one-sixteenth to one-quarter grain every four hours. If a sensation of tightness, stricture in the heart, a sense of suffocation, faintness, cold perspiration and palpitation, cereus grandiflorus is indicated, fifteen to twenty-five drops every half hour until relieved, then ten drops every one or two hours. Adonidin is a good remedy in this condition as a cardiac stimulant and diuretic, given in one-sixteenth to one-quarter grain doses every three or four hours, relieving precordial pain and dyspnea. When cardiac failure is present it has no cumulative property like digitalis. If there be rheumatism present, large exudations of serum, small, intermittent pulse, red colored sediment in the urine, then digitalis, ten to fifteen drops every three or four hours will act well. Great caution should be had; watch the effects as in some patients it is liable to produce dangerous sedations. The liver, kidneys and bowels should have proper attention. We have often seen great benefit derived from cups over the precordia, relieving the local engorgement and exercising a curative as well as palliative influence on the disease with decline of active symptoms often. Effusion in the pericardium is met by general alteratives, counter irritation. An irritating plaster worn over the heart for days is of use. Infusion of digitalis is efficient in cardiac dropsy. Strophanthus is also a charming remedy in effusions, dyspnoea, exaggerated cardiac action and failure of the heart.

ARBUTIN

By R. J. Smith, M. D., Smithfield, Utah.

The specific beneficial action of the uva ursi group of plants on catarrhal affections of the genito-urinary tract is due to a contained glucoside, arbutin. Until this active principle was isolated in a pure state practitioners had to depend upon the uncertain, varying, often inert galenic preparations, the infusions, tinctures and fluid extracts of uva ursi, pipsissewa, buchu, etc. With the advent of arbutin, however, a definite, active dependable remedy is given to the profession with unquestioned properties in all catarrhal states of the uropoietic system.

It has a mildly astringent action on atonic mucous membranes, reducing congestion, relieving irritation, checking discharge and combating putrid fermentation.

In acute cystitis pain is relieved,the urine rendered more bland, tenesmus reduced. In the chronic form, especially catheter cystitis, it is almost specific, clearing the urine and increasing it, lessening the irritation most markedly. It must be continued during catheter life or for months at a time; it is a harmless remedy without cumulative effects. The dosage is large in chronic cases, giving as high often as fifteen grains daily; in the acute forms, grs. 1-6 to 1 every half to three hours to effect.

In pyelitis there is no one remedy which holds out so much hope of cure as arbutin. Here its tonic astringent action is marked, toning up the relaxed mucosa, checking the discharge of pus and blood, relieving pain and irritation, and restoring the mucous membrane to a normal condition.

In a case of pyelitis following typhoid fever, the patient had become discouraged with the usual treatment and had almost decided to quit all medicine, thinking there was no cure for him.

The urine was viscid with muco-pus and desquamated epithelium, with many red cells showing, microscopically. Albumen was marked, the desire for micturition almost constant, an ever present lumbar-ache was complained of. Arbutin was prescribed in grain doses every two hours, reduced to one-sixth grain after three days, diuretic effect too marked, and continued for two months with rapid improvement from the beginning.

In nephritis of the infectious diseases, arbutin is an important remedy acting more beneficially, however, if combined with calcium sulfid administered for its systemic, antiseptic effect on the causative specific agent.

In gonorrhea and gonorrheal cystitis, the above mentioned remedies form the only necessary internal treatment.

In hematuria this remedy must not be forgotten, remembering its astringent action on relaxed mucous mebranes. In hemorrhagic nephritis its action is beneficial.

Arbutin has been recommended in rheumatism, the uric acid diathesis possibly increasing elimination, by stimulating the renal cells and increasing the amount of urine excreted.

HINTS

In treating a case of fractured elbow demand consultation.

Never allow yourself to feel that your practice depends upon anybody's influence but your own.

Here is a good office notice:

PATIENTS
while in this office will not condemn
other physicians.
Obliging,
Dr. Blank.

Never let your patients or the laity know that you are not busy. If a physician did not lose some practice he would soon find himself too busy for comfort.—Dr. C. E. Boynton.

MALARIAL HEMATURIA

By John T. Vick, M. D., Ph. G., Danville, Louisiana.

Professor of Obstetrics Gate City Medical College, Appointed Physician and Surgeon to Service in the Phillipine Islands, Etc.

Just a few remarks and some timely suggestions from the pen of a practitioner in the most central portion of the malarial district of our land and country, I hope will be of benefit to some brother in the treatment of this dreaded disease among struggling humanity. Working in the infected malarial districts as I am, I often see that malignant lemon hue, and I will know what the outcome will be if the cause is not removed.

The first thing I would suggest is to take an alterative, and the alterative in my practice is, under Heaven and among men, hydrargyri chloridum mite. But if the pre-symptoms do not come before us until the patient should come to us and say: "Well, Doc, I would like for you to do something for me. I had a chill this morning and have been passing a little blood since, and I believe I have a little fever now. I don't feel sick much, but my back don't feel exactly right."

Brother, you need not ask any questions; only look at the color of the skin, also the color of the conjunctiva. That will diagnose the case for you, and when you once see that anxious expression on a patient's face, it indelibly stamps in your memory this question: "Doctor, man of learning and of skill, can you do something for me?"

Now I want to tell you in a few words, that you have undoubtedly and undeniably got a hard proposition; you have at last but not least, run up against the real thing. Now, ask yourself the question: "What am I to do?" You have no time for consideration; no time for consulting your practice or materia medica. You have only about this much time, and that is to pull your hair.

and say to yourself: "Old friend, I believe your hours on earth are nearly spent."

Hark! listen!—not so now, brother, let me tell you from actual experience the medicines with which I have received gratifying results, and it is this:

First—Begin with a good diuretic such as buchu, acetate potash and juniper, teaspoonful every three hours.

Second—Give forty grains calomel, divided in four doses, ten grains to dose, given every two hours, followed in two hours after last dose with two tablespoonfuls of magnesium sulphate in eight ounces warm water.

Third—Give No. 1 capsule of cinchona sulphate with 1 gr. methyline blue every three hours for at least forty-eight hours.

At the expiration of twenty-four hours after beginning first calomel, repeat the same dose. Instead of giving the magnesium sulphate, begin in two hours after last dose with 10 grs. sodium thio-sulphate in solution and give 10 grs. every four hours until you have the skin cleared up and the malaria eliminated.

Put patient on iron, quinine and strychnine phosphate as a tonic, and dilutum hydrochloricum for the stomach, and you have your dreaded swamp fever killed. Your malarial parasites are an item of the past. You will have added one more laurel to your crown and helped nature to reassert itself to overcome these complications and cheat death of one more victim.

Now, brother practitioners, I know good many of you will criticise this harsh treatment. You will doubtless say: "Never give quinine in malarial hematuria:" but I ask the question: "Are you going to discard the specific?" Let me warn one and all in malarial hematuria. Lay aside your theory, fads and fancies and institute in place thereof a little good common sense.

In my next communication I will tell you how to abort typhoid and slow fever.

DRY HEAT THERAPY

By John Albert Burnett, M. D., Dean Spring, Arkansas.

At the present time dry heat is becoming to be a very important therapeutic agent with many physicians and it deserves the attention of all who wish to do a general practice. Any part of the body exposed for sufficient time to superheated air becomes hyperemic and the capillaries dilated, and there is local or general diaphoresis which breaks up adhesions, relaxes muscular structures, removes inflammatory processes, and destroys pathogenic bacteria. Pain that is present will be relieved or greatly diminished. In all diseases where a diaphoretic is indicated dry heat properly applied with a good apparatus will be of great service. To use dry heat, an apparatus made for this purpose must be had. They are made for both local and general treatment and the treatment given by them is called hot air baths, which is a very appropriate name for the laity to use. These hot air baths are far superior to all other forms of baths for therapeutic purposes in any diseased condition. There is no danger in these baths when properly given.

Dr. George W. Hopkins, of Cleveland Ohio, gives the following as a contra-indication of dry heat in ear diseases, i. e., for the use of an instrument made for the purpose of applying dry heat to the ear. "The writer has always regarded as contra-indications to the employment of this treatment: (1) arterio-sclerosis; (2) serous effusion into the tympanum, and (3) perforation of the tympanum."

Dr. J. A. Patton says: "Care must be exercised in applying heat to those suffering from fatty or fibroid degen-

erations of the heart or arteries according to the age, etc."

In speaking of this subject, Dr. C. Stuart Hutchinson says: "However, care must be taken with those suffering from fatty degeneration or marked valvular lesions of the heart on account of the stimulating effect on the circulation."

Dr. Gustavus M. Blech says: "In the beginning of my experiments I was inclined to be somewhat afraid of the intense heat which can be raised in a good apparatus, and I therefore examined every patient's heart, arteries and kidneys before advising the dry hot air treatment. In certain cases of heart diseases an indiscriminate application of hot air might perhaps lead to disastrous results; in fact I have myself observed a few patients faint. Immediate cessation of the treatment, administering of cold drinks and application of a cold towel around the head, suffice to restore the patient.

"Patients with valvular insufficiency have taken these treatments for articular affections and tolerated them nicely. Of course in the beginning short applications of comparatively low temperatures should be administered to be increasd only gradually. In arteriosclerosis, however, this method of treatment is contra-indicated."

In all forms of rheumatism hot air is of great value and in chronic forms of rheumatism no form of treatment will give as good results as hot air baths.

Dr. Blech, in an article, "Successful Treatment of Chronic (Sub-Acute) Rheumatism," Journal of the American Medical Association, reports cases where hot air treatment was successful when the weather was undesirable and changeable, where patients worked in damp places.

There is no better treatment known for the treatment of sprains than dry heat. Sometimes one treatment will entirely relieve them. Hot air treatment is very successful in the treatment of parasitic skin diseases, as the thermal death point of the various organisms is from 105 to 212 degrees.

Dr. Hudson D. Bishop, of Cleveland Ohio, has the following to say under the head of "Traumatic and Neurotic Spine:" "Under this class I include six cases of injuries of the spine. There is a large class of cases in which this diagnosis is the only one that can be made. The symptom of pain is the most prominent one and is more or less constant. If a cause for the trouble cannot be found and relief obtained by its removal, hot air should be tried. It will always relieve the pain at least temporarily and much more satisfactory than by means of the actual cautery or blisters. In three of these cases I accomplished a cure of the condition by means of hot air."

Pleuritis, ovaritis, old ulcers, varicose veins are all benefited or cured by the use of hot air. Before a part or the whole body is subjected to dry heat it is first wrapped well with Turkish towels. They should not be applied too loose or too tight, as the towels are what keep the patient from getting burnt. They absorb all moisture that comes from the body and this is evaporated and carried out of the hot air apparatus. The first few treatments as a rule should not be as high as the latter treatments.

It will pay all physicians well to study dry heat therapy.

"Service is the coin in which humanity's greatest debts are paid. Money does not pass current in the real world of service. It is false coin there," says William Allen White in The American Magazine.

Luther Burbank, the plant wizard, has produced an apple which is red and sweet on one side and yellow and sour on the other.

A CASE OF CHRONIC GASTRITIS

By Eli G. Jones, M. D., New Brunswick, New Jersey.

My first experience in the treatment of this disease was when I was younger and stronger than at the present time, with a large riding practice that kept two, and often three horses busy. In another county resided a young married lady who had been sick for some time; several doctors had exhausted their skill but she grew no better. My friends were anxious that I should see her, and one day the husband of the lady called to see me. He wanted me to visit his wife and said: "Doctor, we have tried several doctors, but they can't seem to tell us what ails my wife, and their medicine don't seem to help her any and they do not offer any hope of a cure in her case. Now we have decided to have you see her." I was very tired, not having had my clothes off for ten days and was in no fit condition to diagnose a critical case; but, I said, "if I can get two or three hours' sleep I will visit your wife tomorrow." After a two hours' sleep I started on my visit to the patient. I found the house full of people who were curious to hear what the young doctor would say. As I sat by the bedside of the patient I asked her where she felt the most pain? She placed her hand over her stomach; the hardness of the pulse showed nerve tension and a focus of inflammation somewhere. The tongue with its deep red and raised papillae, the tenderness on pressure over the region of the stomach, made the diagnosis plain. I said to the husband: "Your wife has chronic gastritis and I can cure her." It seemed to me at the time that I had an overflow of self-conceit to make such a statement when older and more experienced men had given up the case, yet I have always made it a rule to form my own diagnosis and prognosis without regard to the opinions of other doctors. I have many times in my life taken desperate cases and desperate chances, because I believe it to be the duty of every doctor if he sees a chance (no matter how small that chance may be) to cure a patient, to take the case and do his best to cure it. No doctor can succeed in the treatment of such cases unless he has good, strong nerves and unless he believes in his remedies. For the above case I gave:

℞

Hydrastin.
Sub-nit. bismuth.....aa ʒi.
Glycerine et.
Aqua .....q. s. ℥vii.

M. S.—Half teaspoonful after each meal. Also

℞

Fld. ext. nux vomica.
Alcohol ..... aa ℥ss.

M. S.—Five drops in a little water before each meal. For the constipation I gave

℞

Fld. ext. cascara.
Glycerine ..... aa ℥i.

M. S.—Teaspoonful at bedtime. Locally I applied over the region of the stomach the comp. tar plaster; respread it every day for six days until I got a free discharge from the sore—I then dressed the sore with simple cerate. My patient felt considerable better in a week's time under this treatment, and finally got entirely well.

The corn crop this fall is about 3,000,000,000 bushels. The doctors ought to be able to collect their bills this year.

When a patient asks his bill, state it squarely and with no hesitancy, making no comments and turn remarks to another theme.—Dr. C. E. Boynton.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

THERAPEUTIC NOTES

In retention of urine before passing a catheter, try a hypodermic of morphine 1-8 gr., atropine 1-150 gr., and give an enema of hot saline solution. In retention of urine after labor, a large enema of warm water is often successful.

In threatened cessation of lochia give anemonin gr. 1-67, caulophyllin 1-6 gr., a granule of each every half hour for six or eight doses. If bowels are constipated give two tablespoonfuls of castor oil.

Fever, on or about the third day after labor more often points to autotoxemia, for which elimination is the proper treatment.

In puerperal sepsis a reliable preparation of ergot or ergotin should be given in full doses every three hours or oftener in serious cases. Nuclein is also indicated with other supportive treatment.

In hysterical attacks think of apomorphine mur. 1-10 gr. hypodermically. Prompt relaxation occurs.

In cases of croup (not diphtheria) the dark, iodized lime, calx iodata, is nearly specific. In diphtheritic croup, saturate the patient with calx sulphurata, sulphide of calcium, intubate or perform tracheotomy. The bloodless tracheatome being a most useful instrument and administer 5,000-10,000 units antitoxin. Support the heart.

In rheumatism and lumbago, soda formate is a reliable remedy. The compound tablet of calcium carbonate, lithium carbonate and colchicine, (calcalith A. A. & Co.), in plenty of water gives the most rapid relief. It is essential that elimination is attended to thoroly, and free flushing with water secured.

Continued success with the intestinal antiseptics, nuclein and copper arsenite in the treatment of typhoid fever marks this treatment as the most rational. Eliminate milk from the diet, give castor oil every twelve hours, reduce temperature by cold water and enforce drinking of large amounts of water. Try the drinking of large quantities of water also in constipation.

In asthma, where the hypodermic of atropine has failed, try pilocarpine in 1-20 to 1-10 gr. doses. Do not use these antagonistic drugs together. If the depressing action of pilocarpine is marked or edema of the lungs threatens, then use atropine hypodermically, giving 1-50 gr. if condition is urgent.

Dioscorein is a most serviceable remedy in hepatic indigestion, indicated by a yellowish skin and conjunctiva, nausea and colicy pains.

Nuclein acts rapidly in relieving acute tonsillitis, bronchitis and pneumonia.

In pneumonia, after elimination and bowel antisepsis with the intestinal antiseptics, use the defervescent granules to effect reduction of pulse and temperature in sthenic cases: the dosimetric granules in asthenic cases: nuclein to increase leucocytosis.

For acute bronchitis try aconitine amorphous 1-124 gr., emetine 1-67 gr., codeine 1-12 gr., giving to effect and according to age.

In broncho-pneumonia of infants and young children, apomorphine 1-67 gr. every hour or two to liquify secretions. If the child is not robust give one quarter above dose. As there is always loss of tone, brucine 1-134 gr. is indicated.

R. J. Smith, M. D.,
Smithfield, Utah.

CHRONIC MALARIA

If our good brother, Dr. W. H. G., will read this article on the treatment of malaria with enlargement of the liver and spleen he may possibly receive more light. The late Rev. Henry Ward Beecher once remarked that "doctors used the term 'malaria' to cover their ignorance. I have known physicians when in doubt about the diagnosis of a case to call the disease malaria and order "quinine and a change of air." The state of New Jersey is justly celebrated for her "handsome women, mosquitoes and malaria." About twenty-three years ago I had my first experience with the latter: coming from northern New England I had to get saturated with the "Jersey malaria" to get acclimated. It took me about a year to feel the full effects of it;. Then I began to have that "tired feeling," fell asleep over my dinner, my legs felt stiff, could hardly walk a block, had a fine metallic taste in my mouth. I could say with all my heart: "Oh those hot summer days in the state of New Jersey when malaria found me a victim and slave. How I long for a breeze from your hills and your mountains, the life-giving air of the old state of Maine. Your cold, dreary winters, how they chill to the marrow; though perhaps it might cure me, for malaria can't live where it's thirty below."

In all the years of my practice in New Jersey I have found one remedy that has given me the best results of any and I have prescribed it in a great many cases of well marked chronic malaria. It is:

℞

Lloyd's fluid hydrastis.....ʒiii.
Fowler's solution arsenic....ʒii.
Elixir calisaya .....ʒv.

M. S.—Half teaspoonful after each meal.

I have used this remedy for twenty years, not only for patients in New Jersey, but in many other states, and have learned to depend upon it. In enlargement of the liver with cough and night sweats I prescribe:

℞

Fld. ext. wahoo.
Fld. ext. wafer ash.....aa ʒiiss.
Co. syr. hypophosphites...q s Oi.

M. S.—Teaspoonful before each meal and at bedtime.

For enlargement of the spleen with pain in the left side, dyspnoea, and patient must fight for breath, I give tr. ceanothus americanus (red root), five drops once in three hours. The ointment of polymnia uvedalia (bears-foot) should be rubbed well into the skin over the spleen three times a day to help reduce the enlargement of the spleen. It may also be used for enlargement of the liver.

ELI G. JONES M. D.,
New Brunswick, N. J.

Editor Wisconsin Medical Recorder:

I hereby acknowledge the receipt of the October number of The Medical Recorder. It has been a long time since I have had the pleasure of seeing a copy. I am glad to know that you are keeping it up to so high a standard. I was interested in reading the article on the "Treatment of Dysentery," by Dr. J. A. Burnett. The acid-alkaline theory he exploits may be all right, I do not know; but I do know this, that in the treatment of dysentery there are three indications to deal with: infection, hemorrhage, pain. And the three best remedies to meet them that I know of, and which, if promptly and properly administered, will speedily cure almost every case are tinct. opii deodorati, oleum terebinthinae, and acid hydrochloricum.

Yours truly,
THOS. A. ELDER, M. D.,
Wooster, O., Nov. 9. 1906.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

THE PREVENTION OF SYPHILIS.

Results of experiments recently reported to the Paris Academy of Medicine have a more than merely theoretical interest because one of the subjects experimented on was a human being, a medical student.

Prof Metchnikoff, having convinced himself by numerous inoculations of monkeys with syphilitic virus that the development of the disease can be prevented by rubbing the point of inoculation with mercurial ointment, decided to try the experiment on a human being. A medical student, free from any syphilitic taint, hereditary or acquired, offered himself as a subject. In the presence of several other scientists Metchnikoff inoculated the student in the balano-preputial groove on the left side with syphilitic matter taken from a hard chancre of one month's duration, and on the right side with syphilitic virus from a hard chancre of between nine and ten days' duration. One hour after the inoculation of the virus the inoculated places were rubbed for five minutes with an ointment consisting of thirty grams of lanolin and ten grams of calomel. At the same time four monkeys were inoculated with both types of virus, one treated with calomel ointment one hour, another twenty hours after inoculation, while the other two were left without treatment as controls. Two days later the site of inoculation in the student showed no trace of inflammation and no sign of syphilis had appeared in him after several months. Of the monkeys, the two control animals developed typical syphilitic lesions; the one which was treated twenty hours after inoculation developed a primary chancre after thirty-nine days of incubation; the one treated one hour after inoculation showed no sign of syphilis.

It is probably safe to conclude from this that a strong calomel ointment may be considered a prophylactic of syphilis and should be used immediately after a suspected infection has taken place.

STRICTURE DISSOLVED BY THIOSINAMIN.

At a previous time the Rundschau has reported on the power of thiosinamin to dissolve scar-tissue. A remarkable case is reported in the Therapie der Gegenwart for March, 1906, by Dr. H. Pollock, physician to the city hospital of Stellin, Germany. The patient, a man of thirty years, in 1897 burned his pharynx and oesophagus severely with caustic soda. A stricture followed which gradually became tighter and grew in extent so that to prevent death from inanition a gastric fistula had to be established. But the man was in a deplorable condition, weak and emaciated. For a long time not a drop of liquid had been swallowed; for two years not the smallest sound, for eight years not a morsel of food had passed through the oesophagus. Treatment with thiosinamin effected a cure in this extreme condition. On July 14, 1905, the patient received the first thiosinamin injection into the arm, after an attempt to pass the thinnest sound had failed completely. On July 19th, after the third injection, a thin sound could be passed with ease through the entire oesophagus down to the stomach and the patient was able to swallow fluids. At the end of July a sound of the thickness of the little finger could pass; the patient could eat mushy food. At the end of August the thickest sounds could pass and the patient could eat all solid foods without difficulty, like any other man.

He gained thirty-four pounds in three months and must be considered completely cured. He received in all twenty-four injections, eight minims each time of the following solution: thiosinamin 2.0, glycerine 8.0, distilled water 10.0.

This is certainly a remarkable case and goes far to demonstrate what internal treatment can do. It may help to dispel the altogether too common scepticism about the value of .drugs There can be no doubt as to the authenticity of the report, nor the correctness of the observations.

Thiosinamin has been suggested and tried as a remedy for chronic gastric ulcer, the cicatrices of which are claimed to be a favorite place for the development of cancer. It might be effective also in stricture of the urethra, where surgery is often disappointing, or for dissolving the scar-tissue in lacerated cervix, another favorite site of cancer, or the troublesome cicatrices following severe burns. The case reported above may stimulate the trial of the drug in such conditions. The use of thiosinamin may eventually make many of our present surgical proceedings unnecessary.

CONSERVATISM NEEDED IN SURGERY.

There is a conservatism, so-called, which is obstructive because it rests on ignorance. There is another true conservatism which is helpful and constructive because it rests on thorough knowledge and experience. It is greatly needed in medicine and especially surgery which has of late years expanded most wonderfully. The opinion that surgery should be more restrained is gaining ground among the best men. Dr. L. A. Stimson, professor of surgery in the medical department of Cornell University, is one of the latest to give voice to that opinion in an article in the Journal of the Medical Sciences for June. He finds in the ease and security with which surgical operations are now performed one of the chief inducements which leads so many surgeons, especially the younger ones, to immediate interference rather than to patient delay. There is a tendency to minimize the objections to an operation and to overlook the fact that divided tissues or an opened joint may never regain their normal functional powers. Too commonly operations are extended beyond the actual needs. As illustrations he cites the removal of the uterus, because the appendages have been removed, the uterus is therefore supposed to be useless; removal of the appendix because the abdomen has been opened, and the growing passion for gastro-enterostomy. He believes also that too much and harmful interference in the treatment of wounds, fractures, dislocations is far too frequent. Too much reliance, he says, is placed on instruments of precision and laboratory methods of diagnosis. An undue importance is given to leucocytosis and arterial tension and the chase for germs carried to absurdity, while the cultivation of clinical observation is being neglected.

Surgeons are in the habit of passing by such strictures with a condescending smile as the vaporings of some old fogy. But Stimson's standing and reputation are such as to entitle him to a respectful hearing, and the objections he has raised must appeal to every thinking man in the profession.

SOLUTION OF A PROBLEM.

Contributions to knowledge are always welcome, even when furnished by an irreverent Kansas newspaper. An exchange says an article in the Atchison Globe throws a flood of light on a well known and serious phenomenon, the increasing inability of American mothers to nurse their infants. It tells us that "the last baby born to Mrs. Lysander John Appleton is the only 'bottle baby' she ever had.

(Continued on page 369)

MEDICAL PROGRESS

By E. S McKEE, M. D., Cincinnati, O. Lecturer on Clinical Gynecology, Medical College of Ohio, Medical Department, University of Cincinnati

Lumbago.—Collodii, tinct. iodidi, spirits ammoniae partes æquales. M. S. Paint over the affected part twice daily until the skin becomes sore.—Burggraeve.

* * *

Epistaxis.—The treatment of nose bleed is local and the most reliable means available is plugging the nostrils with cotton which is saturated with adrenalin chloride 1-20,000. Compression of the artery on the upper lip near the nose by pressure against the jaw bone will often control the hemorrhage. —Southern Medicine and Surgery.

* * *

The practice of medicine will be very much as you make it—to one a worry, a care, a perpetual annoyance; to another a daily joy and a life of as much happiness and usefulness as can well fall to the lot of man.—Osler.

* * *

Purulent Rhinitis.—Roger, (Bulletin gen. de therapie) recommends for the treatment of this condition irrigation of the nasal chambers with hydrogen dioxide solution combined with an equal volume of a solution of sodium bicarbonate, two per cent. After the douche he makes a local application of petrolatum containing eight to ten per cent of menthol.

* * *

Chloroform Water as a Hemostatic.—Spaak, (Le Journal de medicine) has used chloroform water as a hemostasic agent. He has found its superior to all other hemostatic agents and has the following advantages. It acts with marvelous rapidity, has not the slightest disagreeable taste or odor and is not escharotic. It is cheap and easily attainable and can be made as required. It is not unpleasant to apply and does not interfere with the surgeon in his operations. The solution he recommends is two per cent in water.

* * *

Mercurial Inunctions in Infantile Syphilis.—Canby, (Journal de med. de Paris), recommends equal parts of blue ointment and lanoline of which one half drachm is rubbed in the skin every day. There is no risk of mercurial poisoning and stomatitis never occurs. The site of the inunction should be varied daily—the axilla, the iliac fossa, the buttox and the hypochondrium. Five minutes should be devoted to the rubbing and a piece of flannel upon which the ointment should be left as a belly-band about the abdomen.

* * *

Iodide of Codeine in Asthma.—Labadie, Lagrave and Rollin,(Jour. de med.) call attention to this remedy as an agent of special influence over asthma, dyspnoea, emphysema and acute bronchitis. It is soluble in sixty parts of water and in three of boiling water, is crystalline in fine needles and straw color. Only slightly soluble in cold water it dissolve forty parts of warm alcohol. It is best prescribed in pills of 0.01 gm. or gr. 1-6, of which eight or ten are given during the day. It may also, if desirable, be given in syrup in the case of children. It can be given hypodermically in a one per cent solution in distilled water.

Syphilis Unto the Third Generation. —Marshall, (Lancet), relates a case of this camparatively rare condition. The grandmother had scars of multiple gummata about both knees. The mother had gummata of the popliteal space and extensive destruction of the palate. Her first child had distinct saddle nose and frontal bosses. Marshall believes that reinfection of a hereditary syphilitic-genitor increases the virulence of the disease and its fatal effect on the offspring in which opinion he seems at variance with the modern theories concerning immunity.

* * *

Sterilization of the Post Nasal Space. —Edmund D. Spear, Boston, (Mercks Archives) is of the opinion that sore throat is usually the symptom of the invasion of the post nasal tonsil, and, through the circulatory system of the economy by an infection. He firmly advocates the removal of adenoids and direct sterilization of the post nasal space at the earliest possible moment. His local treatment for sterilization of the post nasal space, especially in grippe and rheumatism, is direct application through the nose of hydrogen peroxide and saturated aqueous solution of iron and ammonium sulphate.

* * *

Drug Habits.—Wagner, (Cleveland Medical Journal), administers hyoscine hydrobromate (1-200 gr.) combined with atropine sulph (1-600 gr.) and strychnine (1-150 gr.) to morphine, cocaine and alcoholic habitues. A special nurse night and day is required, inasmuch as the patient is by this medication kept purposely in a state of mild delirium for from thirty to ninety hours. The dosage varies with the patient, but is repeated every two to six hours as indicated by dryness of mouth, dilitation of pupils and delirium. Sleep is not usually produced. On emerging from the influence of the hyoscine the patient usually develops a vigorous appetite, sleeps soundly after the first two or three nights, regaining his normal vigor and weight in the course of a month.

* * *

Paranephrin in Coryza and as a Prophylactic.—Voshen of Frankfort, a. M., states that the pathologic condition of the nose and naso-pharynx undoubtedly signify an increased danger for acquiring cerebro-spinal meningitis. The careful examination and treatment of the upper air passages in children is therefore indicated. In the coryza of infants and young children the chief symptoms are not due to the increased secretion, but to the difficulty of getting rid of that secretion, owing to the swelling of the mucous membrane. He has found the following solution to give relief in adults.

Cocaine hydro. ....1.00 (gr. 15)
Paranephrin .....2.00 (m. 30)
Aquæ dest. .....20.00 (dr. 5)

In an uncomplicated coryza a few drops of this solution will enable the patient to breathe through the nose for hours. The best way to apply it is by means of a cotton applicator. Paranephrin is preferred to the other suprarenal preparations since it is absolutely free from all caustic action.—Excerpta Medica, 1906, No. 5.

* * *

Recovery from Leprosy.—Prof. V. Neumann (Wien. Klin. Woch., January, 15th, 1906), reports a case of maculo-tuberculosis leprosy which underwent rapid and apparently complete cure. A man, aged 38, became infected with leprosy through sleeping in the same bed with his leprous brother. The first symptoms—pains in the hands and elbows, night sweats, and a characteristic eruption on the hands, chest, and back—appeared in 1899. In April, 1900, he came under the writer's observation with nodular lesions of the forehead, eyelids, cheeks, neck, back, palms of the hands, and legs, and disseminated

patches in other parts. There were no disturbances of sensibility. The sputum and nasal mucus contained leprosy bacilli. He was given eleven injections of chaulmoogra oil, liquor arsenicalis, and inhalations of a solution of iodide of potassium. He was discharged in November, 1901, considerably improved, the skin of the forehead being smooth and no longer swollen though pigmentation remained. The nasal mucus no longer contained bacilli. He returned home to Bulgaria and continued to take chaulmoogra oil (200 to 250 drops daily), with salol and iothion. In December, 1905, there remained no trace of leprosy. There were no cicatrices, nodules, pigmentation, or nervous symptoms and the patient was in every way normal. It is difficult to believe that the treatment was responsible for the recovery. Danielssen has reported cases of recovery in the maculo-anesthetic type of leprosy, but in these the disease had existed for many years, and the virulence of the bacilli appeared to become finally extinct. But in these cases there remained extensive mutilations. More recently Tonkin, Cantlie, and Dubreuilh have insisted on the curability of leprosy.

* * *

Palliatives for Hay Fever.—Solomon Solis-Cohen, of Philadelphia, than whom there is no better authority on hay fever, reviews (Mercks Archives) the present methods of the treatment of hay fever. He first considers the suprarenal preparations and states that for some individuals and in certain cases and in certain seasons the systemic actions of these preparations were sufficient to induce and preserve comparative comfort. He states that they must be absorbed from some mucous membrane to be effective and that they are practically useless when given by the stomach. He has employed both the adrenalin solution of Takamine and the epinephrin of Abel, the latter being known generally as suprarenalin. The author gives in detail the method he employs these preparations and gives the prescriptions which he has found of value in their topical administration. He discusses the Dunbar serum and states that he considers it a distinct addition to our therapeutic resources in the treatment of this disease. He states that both polliantin and suprarenal preparations should be snuffed into the nose or insufflated the first thing in the morning, and if this is thoroughly done and if the patient remains recumbent for ten or fifteen minutes afterward, such an application will usually suffice for the whole day. In the internal treatment of this condition he recommends a combination of hyoscine hydrobromate, camphor and sugar of milk, or a combination of atropine, camphor monobromate, and Peruvian balsam. He gives formulas for these. He warns patients of the possible ill-effects of an over dose of these drugs and instructs them to watch for certain symptoms. When possible, he advises patients to go to an immune region and even then advises certain precautions. He states that dark glasses are often useful and that hurry and excitement are to be avoided. The diet he recommends is simple and on the whole sparing, avoiding pastries and sweets. Strawberries sometimes cause an exacerbation in susceptible persons. Melons, on the other hand, are not only palatable and refreshing, but have a slight diuretic action and are often helpful in the treatment. His favorite prescription is: Suprarenalin, 1 part; busmuth subcarbonate, 300 pts.; compound stereate of zinc, 200 parts; oxide of zinc, 300 parts. Mix and triturate well. Use as a snuff. Also sugar of milk, as little as possible with 1-20 grain of suprarenalin, allowed to dissolve on the tongue. Another: suprarenalin, gr. 1-5; adeps lanum, petrolatum, benzoated lard, aa 1 dram. Mix and use in eyes and nose.

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY
J. P. THORNE, M. D.
JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:
$1.00 Per Year in Advance; Single Copies, 10 Cts
In the United States, Canada and Mexico.
Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 9 NOVEMBER, 1906 No. 11

EDITORIAL NOTES

Health, of London, claims that a hot sand bag is superior to a hot water bottle in many respects.

A doctor cannot make or keep his reputation by talking about it. Do the best work possible and others will do the talking.

A great many young men have an idea that the medical profession is an easy road to money and honor. The members of the profession should enlighten prospective students on this.

An excellent treatment for corneal ulcer is the application of pure hydrogen peroxide. The eye is first anesthetized with a drop or two of a four per cent cocaine solution and the hydrogen peroxide carefully applied to the ulcer with a cotton applicator. This treatment should be repeated once daily until the ulcer heals. The eye should be freely irrigated with a saturated solution of boracic acid several times daily. This treatment is efficient and safe.

The reports of this year's Fourth of July celebration show that there were, in this country, 158 deaths and 5308 other casualties. The Bulletin of the Wisconsin State Board of Health, says that in Wisconsin five deaths and 150 other casualties were reported. Six of the persons injured in Wisconsin suffered the loss of one eye, one lost a hand, seven others injured one or more fingers so that amputation was necessary, and 136 persons sustained injuries which have not been classified. Fifteen of the accidents mentioned were caused by blank cartridges, fifty-two were caused by fire crackers, fifteen by cannon, nine by other firearms, three were struck by stray bullets, eight were injured by canes and caps and fifty-one others were injured by powder and fireworks.

RUNDSCHAU

(Continued from Page 365)

But then, waists that button up the back were not fashionable when the other children were born."

Apparently, defrauded childhood will have to bide its time until the fashion in waists changes. Meantime the husband who is called upon to "come upstairs and hook my waist," can join sympathetic grounchers with the bottle-fed baby.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

SAUL OF TARSUS. A Tale of the Early Christians. By Elizabeth Miller. With Illustrations by Andre Castaigne. Pages 442. Cloth. Price, $1.50. The Bobbs-Merrill Co., Indianapolis, Indiana.

This book is a remarkable story of the early Christians, containing wonderful descriptions of people and cities of the time, heart-stirring incidents, deep emotion, high thought and a pure and noble love story.

The author, Miss Elizabeth Miller, is a native of Indiana—that literary center of the United States that has produced Lew Wallace, James Whitcomb Riley, George Ade, Maurice Thompson, Booth Tarkington, Charles Major, Edward Eggleston, Meredith Nicholson, and a host of other lights of more or less brilliancy in the world of letters.

Miss Miller is a young woman who came suddenly into prominence two years ago when she brought out her first book—"The Yoke"—a daring story on the theme of the Hebrew Exodus. These two books are of sufficient merit to warrant some facts about the author and the circumstances under which she came to write such unusual books. Miss Miller was born in the little town of New Ross, Montgomery county, Indiana, eleven miles from Crawfordsville, the home of the author of Ben-Hur. She has lived in Indianapolis nearly all her life. She attended the public schools there, the manual training high school and Butler College. She has traveled considerably, over the United States and Canada. She has contributed to the newspapers some poetry of considerable merit and several interesting descriptive letters from New Mexico, Colorado and Utah. As to how she came to write "The Yoke" she tells it thus:

"The summer of 1901 my mother, brother and I spent on the coast of Maine. After a few weeks the fogs and rains of the coast so discouraged us that we determined to move a few miles inland from old ocean. We went to Gorham, near Portland, where we rented a roomy, old-fashioned house, fully furnished, of Mrs. Anna E. Hale, whose husband was a cousin of Senator Hale, while she herself is a cousin of Senator Frye and of almost everybody else of any consequence in Maine.

"In this house was a large picture representing the Exodus. There were the migrating Hebrews passing through a city of old Egypt and looking out from the housese were men, women and children, gazing at the departing Israelites. The picture fascinated my mother as well as myself. It set her imagination at work. She wondered if in those throngs of onlookers there were not an Egyptian youth or maiden that was sorrowful at the leaving of some youth or maiden among the Israelites, and if there were not a reciprocal feeling among some of those who were to wander so many years in the wilderness. She contrasted the feelings of these with the jubilant faces of the Israelitish men and women, and she wondered if there were not a story in it if some one could write it.

"I did not think I could write it, so my brother Percy began it. He wrote about 50,000 words, completing a story He had made the framework, and that was all. It was then that I resolved to make something of his beginning, and I set myself to the task. The story bears this dedication: 'To Percy Miller, my brother, who constructed the plot.' To be sure of the foundation and local color for my story meant for me two years of study of the history of old Egypt, as well as of the books of Moses."

"Saul of Tarsas" gives a splendid presentation of life in the first century in Rome, Jerusalem and Alexandria. Saul, King Agrippa, Emperor Tiberius Caesar and other historic personages are characters of the book. The romance is intensely interesting and concerns the adventures and love story of Marsyas, a young Essene. The book belongs in the same class with Ben-Hur.

The historical part of the book is accurate and shows a large amount of careful work. The Biblical characters brought into the story are introduced in such a manner as not to offend anyone's religious views. The unselfish love of the Christian faith is brought out strongly in the course of the narrative. Unlike so many of the novels written these days, this one leaves with the reader a better knowledge of many things.

MISS ELIZABETH MILLER

THE PRACTICAL MEDICINE SERIES. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery, Under the General Editorial Charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Vol. VI. General Medicine. Edited by Frank Billings, M. S., M. D., Head of Medical Department and Dean of Rush Medical College, and J. H. Salisbury, M. D., Professor of Medicine, Chicago Clinical School. Series 1906. Pages, 363. Illustrated. Cloth. Price, $1.25. Price of the Series of Ten Volumes, $10.00. The Year Book Publishers, 40 Dearborn St., Chicago.

This volume presents the report of a year's progress in general medicine. The subjects considered are: Typhoid fever, malaria, yellow fever, relapsing fever, Malta fever, dysentery, beriberi, diseases of the mouth, stomach, intestines, pancreas, liver and peritoneum.

The editors with their large experiences are especially competent to produce a good volume and the editorial comments added to the abstracts certainly make the book all that could be desired. The active practitioner will frequently refer to this book as he can find so many suggestions given in concise form.

The book contains twenty-two illustrations and is nicely printed and well bound.

POKER JIM AND OTHER TALES AND SKETCHES. By G. Frank Lydston, M. D. Professor of Genito-Urinary Surgery, Medical Department of University of Illinois; Professor of Criminal Anthropology, Chicago Kent College of Law; Surgeon to St. Mary's Hospital—Fellow of the London Society of Authors, etc. Illustrated. Pages 400. Cloth. Price, $5.00. Monarch Book Co., Chicago.

It is hardly necessary to introduce Dr. Lydston to a medical audience. As the author of "The Diseases of Society" and of numerous standard surgical text books and monographs in his special field of surgery, he is well known to the profession. This is not his first excursion into the field of general literature, his short stories pertaining especially to the life and experience of the doctor, being very familiar to both medical and lay readers. As Elbert Hubbard has said of him, Dr. Lydston has a profound knowledge of "the heart of things," and nowhere has he shown it more strongly than in the present volume of fascinating stories, which contains some of the strongest character sketches ever written, ranging from the amusing sketch of everyday experience to the profoundly psychologic. It is in his versatility and ability as a character student that he excels. The same charm that has given him a national reputation as a raconteur and orator is manifest in his writings.

"Poker Jim" is a story of the old mining days of California, amid the stirring scenes of which the author was born. In this story the quaint and heroic characters of the early days of placer mining on the coast are brought vividly to mind, with a faithful picturesqueness that Bret Harte himself has not excelled. Poker Jim, soldier of fortune, gambler, hero and gentleman, is a type that has passed, and one which has a peculiar fascination. The California miner, the brave, rugged, hair-triggered Argonaut, in pursuit of the Golden Fleece, has been depicted in this story by the hand of one who was of his blood and bone, and loved the sturdy knight of the pick, pan and cradle passing well.

Among the other sketches in this volume, the Story of Johnny, the hero of the Philippines, the Wise Child, A Dissecting-Room Romance, Leaves from a Suicide's Diary, and Chiquita—a romance of the Sierras—are of especial

interest to the physician. In "Johnny," the struggles of the hero through the canebrake of Luzon in the midst of wound delirium, carrying the head of Captain Delamonte, the Filipino bandit, whom he has vowed to capture, Dr. Lydston has given a most vivid and scientifically accurate sketch.

Another story of passing interest is "A Grim Memento." In this the impressions and ideas of a man who is being hanged are given by a psychologist for the first time. In "A Great City's Shame," Dr. Lydston has given a delineation by an eye witness of the horrors of the Iroquois theatre fire, and a vigorous denunciation of the re-opening of the theatre, of which Mrs. Stanley Waterloo has eloquently said: "Had it been published, the Iroquois would never have been re-opened as a theatre."

The book is beautifully bound, containing four hundred pages, and illustrated with eight colored illustrations. The cover design is especially artistic and striking.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Articles on Treatment, Medicine, Neurology, Surgery, Obstetrics, Gynecology, Orthopedics, Pediatrics, Pathology, Dermatology, Ophthalmology, Hygiene, and other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession throughout the World. Edited by A. O. J. Kelly, A. M., M.D., Philadelphia. Vol. III. Sixteenth Series, 1906. Pages 302. Illustrated, Cloth, $2.00. J. B. Lippincott Co., Philadelphia.

This volume contains many seasonable articles by leading members of the profession. Dr. A. A. Stevens contributes "The Treatment of Acute Pleurisy." Dr. J. M. Patton has a practical article, "The Treatment of Bronchitis." "Auto-intoxications and their Treatment," by E. C. Hill, M. D., presents the latest ideas on this important subject. "Life in the Antarctic from a Medical Point of View" is a very interesting account of the Scottish National Antarctic Expedition, by J. H. Harvey Pine, B. S. C., M. B., the medical officer. "The Hyperemia Treatment of Swollen Joints" is an exhaustive article by E. H. Bradford, M. D., illustrated with plates. "Tubal Pregnancy" is the subject of a clinical lecture by Dr. T. J. Watkins, delivered at the Wesley Hospital, Chicago. Some of the other articles in the book worthy of special mention are: "The Treatment of Dilatation of the Heart," by W. H. Katzenbach, M. D.; "Fournier's Treatment of Syphilis," by H. Saingery, of Paris! "Ulcers of the Pylorus," by M. Soupault, M. D., of Paris; "The Irregular Heart," by Bertram Abrams, M. D.; "Prevention and Treatment of Tuberculosis," by J. W. Wainwright; "Inguinal Hernia in the Female," by E. S. Carmichael, M. D.; "The Clinical Significance of Peritoneal adhesions," by C. G. Cumston, M. D.; "The Pelvis of Lame Women," by A. Pinard, M. D.; "Clinical Rhinometry," by M. Lermoyez, of Paris; "Primary Thrombosis of the Jugular Bulb," by B. H. Potts, M. D.

The physician who reads the International Clinics regularly is sure to be up to the times in medical progress. This volume is especially noteworthy on account of the practical character of the contributions. The book is freely illustrated with excellent plates.

HOW TO SUPPRESS A MALPRACTICE SUIT and other Medical Miscellanies. By Thomas Hall Shastid, A. M., M. D., LL. B. Pages 128. Cloth. Price, $1.50. Marion Publishing Co., Marion, Ill.

This volume is a collection of miscellanies of interest to doctors. The first section of the book, "How to Suppress

a Malpractice Suit," contains many valuable suggestions which should be read by every physician. "His First Cataract" is a very amusing sketch. "Trials at the Trial-Case" will be appreciated by every doctor who has ever done any refraction. Other subjects presented in the book are: "Gratitude: Spontaneous Recovery," "Medical Instruction of the Laity in the Lay Press," "Realization of Death," "Compulsory Exhibition in Personal Injury Cases."

The book is written in such a fascinating style that it makes as interesting reading as a story while presenting many facts.

BOOK NOTES

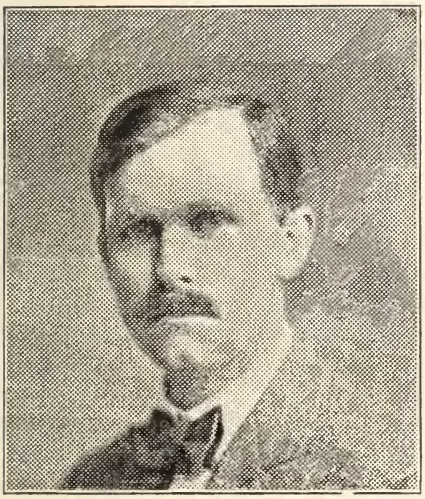
The Cosmopolitan for November contains a variety of interesting matter. Leading articles are "The Hoe-Man in the Making—Little Slaves of the Coal Mines," illustrated in color, by Edwin Markham; "Panama—the Human Side—Conditions in the Canal Zone," illustrated from photographs, by Poultney Bigelow; "Story of Andrew Jackson," illustrated from old prints, by Alfred Henry Lewis; "The Treason of the Senate," concluded, by David Graham Phillips; "Seeing the Real New York, Trip No. 6," illustrated in color by Frank Ver Beck. "According to Grandma," is told in eight full page pictures by B. C. Kilwest. The number contains a great variety of fiction and a wealth of illustrations.

In McClure's Magazine for November, Lincoln Steffens continues his interesting articles on "Ben B. Lindsey: The Just Judge," telling of Judge Lindsey's great work in the juvenile court. The other leading articles are: "Reminiscences of a Long Life," second series, by Carl Schurz; "The Story of Montana," IV. The Sale of the Montana Legislature and Clark's election, illustrated with portraits, by C. P. Connolly; "The Story of Life-Insurance," VII., by Burton J. Hendrick; "The World Language," by Prof. Hugo Hunsterberg. "The Hanging of Mary Dyer," by Basil King, is a strong story of early colonial days, illustrated will full page colored plates from drawings by Howard Pyle. The number also contains excellent stories by G. W. Ogden, Justus Miles Forman, Helen Martin and Chas. F. Embree. This issue is freely illustrated in black and white and in colors.

In Everybody's Magazine for November, Charles Edward Russell continues "Soldiers of the Common Good," telling of social conditions in New Zealand. "A King in Business," by Robert E. Park is the first article of a series on Leopold II. of Belgium, autocrat of the Congo and international broker. Ralph D. Paine contributes "The Sporting Champions of the Year," illustrated with photographs. "The Players" tells about the new plays with illustrations. C. C. Christie attempts to defend the bucket-shops in "Bucket-Shops vs. Board of Trade," and M. A. Teague makes a rejoiner. Thos. W. Lawson contributes one of his characteristic articles and announces that in the December Everybody's he will publish the first of a series of short stories dealing with financial conditions. This number contains an abundance of good fiction suited to all tastes.

The November number of The American Magazine—the second number issued by The Phillips Publishing Co.—reflects, admirably, the enthusiasm and vigor of the new editors. The first article in the number is Lincoln Steffens' character sketch of "Hearst," the Man of Mystery." Ray Stannard Baker writes an article entitled "The Test of Men." It is a presentation of the San Francisco disaster as a barometer of human nature. It is the story of the effect of the earthquake and fire upon the people. The facts are fresh and surprising. Miss Tarbell's new serial is an-

nounced. It is to be a history of "The Tariff in Our Times," and the first installment is to appear in The American Magazine for December. A. W. Rolker writes on "Sky Sailing, the New Sport." He tells just how it feels to go up in a baloon. The sensations he thrilling de-



RAY STANNARD BAKER

scribes have probably never been experienced by one reader out of 100,000. A new serial, "Adventures in Contentment," is begun. Judged by literary standards it is the best thing in the number. There are editorials by the new staff—editorials full of points and personalities. There is a story by Ellis Parker Butler, author of "Pigs is Pigs." It is a Thanksgiving story containing an amusing surprise, a story that might have been called "Turkeys is Turkeys."

Leading articles in The World To-Day for November are: "Playing at Governing the Philippines," by Hamilton Wright; "The Salvation of the Stage," by W. T. Stead; "Kansas City—A City That is Finding Itself," illustrated, by Hugh O'Neill and John Steele; "The Dawn of the Concrete Age," illustrated, by H. S. Hanson; "The Tragedy of Atlanta," by John Temple Graves and W. E. Burghardt Du Bois; "Agricultural Cuba," illustrated, by F. S. Earle; "The French Colonial Exposition at Marseilles," illustrated, by James William Pattison; "American Guardianship of Cuba," by Francis W. Shepardson and John G. Rockwood; "The Instruments of the Weather Service," illustrated, by Charles Richards Dodge; "The Only Single-tax Colony in the World," illustrated, by Percy Trenchard; "Applied Christianity of Landlordism," illustrated, by Julia C. Underwood; "The Development of the Sunday Library," by James C. Moffet; "French Municipal Kitchens," by Helen Campbell; "Henry Salem Hubbell," by Lucy Fitch Perkins, a sketch of the great artist with reproductions in tint of some of his famous paintings. The number also contains the usual interesting editorial articles on current events. This magazine is always profusely illustrated, many of the illustrations in color. The World To-Day would be cheap at $3.00 per year, but the price is only $1.50 per year.

Thos. W. Lawson has turned to fiction and will now become a novelist and short story writer. Mr. Lawson himself, makes no threat as to writing up fashionable foibles, but he outlines his first three short stories in this manner, which shows that he will handle fiction as a cudgel with which to castigate the "system" still further:

No. 1—"A disclosure that I promise you will make a real sensation in the New York and Boston Stock Exchanges, blow out seven-eighths of all their windows and make it impossible for the 'system' and the stock gambler ever again to do business exactly as it is done today."

No. 2—"I shall follow with another story that should rip out the foundations and tumble in the walls of the stock exchanges."

No. 3—"I shall pass on to a story that will make 26 Broadway look like a hanging bird's nest in a northeast blow."

THE DOCTORS' WORLD

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Dr. J. T. Vick, a well known practitioner of the south, will contribute a series of short, practical articles to The Recorder.

J. T. VICK, M. D.

A Gambler's Philosophy.—Pat Sheedy, the wealthy New York gambler, has given a newspaper reporter his philosophy which is worth reading. He says:

"No knocker is honest.

"Being broke is a crime.

"My motto: 'Never cheat yourself.'

"False pride kills more men than war.

"I despise the average gambler; he is no man's friend.

"I believe in life as in cards; it is all chance and cheat.

"When riches forsake a man, everybody discovers him to be a fool.

"I would walk a mile to shake hands with an enemy; I may need the enemy.

"Art pays; gambling doesn't. The young man who goes in for gambling is an idiot."

Tea and Typhoid.—An English army surgeon, J. G. McNaught, has reported some interesting observations on the effect of an infusion of tea on the growth of the Bacillus typhosus. The Medical Record says that Major McNaught finds that the germ in pure culture becomes greatly diminished in numbers by an exposure of four hours to the beverage. After twenty hours it was impossible to recover it at all from cold tea. The results obtained are of interest from the author's standpoint with reference to the use of cold tea as a substitute for water in soldiers' canteens during active service. Tea, it would seem, however, will render any chance contamination with the typhoid bacillus harmless with in a few hours. A more general knowledge of this fact would soon serve to stimulate tea drinking.

Headache and Eye-Strain. — G. M. Gould, Philadelphia (Journal A. M. A., November 10), claims that a vast majority of all cases of headache, certainly nine-tenths, are due to eye-strain beyond question, and that with or without this headache, a large indefinite proportion of digestive, nervous and psychic disease is due to the same cause. He accuses the ophthalmologists of being in a state of narcotism on this subject, and text-book writers and medical instructors are, he thinks, almost criminally indifferent to the matter. The general practitioner in the country and also in

the cities to some extent, is far more alive to the truth than are the specialists. He says it is, of course, beneath the dignity of most neurologists to care about the cure or cause of any disease. He believes that the explanation of all this is the lack of skilled refraction work. Until we establish a serious and scientific refraction school the evil will continue, and where there are few skillful and careful refractionists in the country who would agree in their diagnosis in one case there are 5,000 who would disagree, root and branch. There are, he says, at least 15,000,000 American children and adults afflicted with lateral curvature of the spine, and this he attributes largely to unrecognized ocular defects. To this he attributes largely the growth and success of osteopathy, Eddyism and other quackeries. The hope of progressive and helpful medicine, he claims, lies in the general and country practitioners, and until they secure the establishment of at least one serious refraction school with a two or three-year obligatory course of postgraduate study the ophthalmologists will not agree.

A Magazine Free.—One of the best benevolences offered for a long time is that of Mrs. Wm. Ziegler, who will soon publish a magazine for the blind which will be sent free of charge to blind people. The Publisher and Retailer publishes the following announcement in regard to it:

The announcement is made that under the direction of Walter G. Holmes, Mrs. William Ziegler, widow of the late Royal baking powder capitalist. will publish a magazine for the blind to be sent free of charge to each of the 70,000 or more blind persons in the states and territories of this country. This will be the only magazine of its kind in America and is second only to the Hora Jounda published in Edinburgh, Scotland. It will be known as the Ziegler Magazine for the Blind.

At 1931 Broadway, Mr. Holmes said that he had estimated the cost of the magazine at $60,000 a year and that additional mailing expense would be saved under a post office rule which allows all books designated for the blind to be carried without postage.

What will in time be the most interesting features of the magazine are the contributions to be published from the blind readers themselves. Letters from individuals and from inmates of the state blind asylums telling of personal progress or of the work of the institution will be a regular department. Besides this there will be a full review of all news since the publication of the last number, and stories and essays will be printed by permission of the leading periodicals.

There are two alphabet systems for the blind, the Braile and the New York point, composed of characters derived from varying combinations of raised dots, which characters are deciphered by passing the tips of the fingers over them. In both of these systems the magazine will be printed. It will contain 100 one-side pages, on heavier paper than the ordinary magazine sheet, so as to hold a good impression. The printing is simple. By the operation of a keyed machine a thin copper sheet is punctured with the sentences to be printed. Moist paper is then pressed upon this plate, and after removal allowed to dry. The dots punctured in the copper plate thus become raised points on the paper. The pages are then finished.

Thousands of the country's blind are too poor to buy the few expensive books now published for their use. It is the purpose of the founder of the publication to make it possible for them to break the long monotony of their lives with the reading of the magazine.

Our readers are invited to forward the names and addresses of blind persons to the offices of the magazine.

PRESCRIPTIONS

By J. A. Burnett, M. D.

CATARRH SNUFF.

The following is a catarrh snuff:

℞

Sodium chloride .....95 parts.
Berberine ..... 2 parts.
Carbolic acid ..... 3 parts.

M. Sig.—Use as a snuff.—J. A. Burnett, M. D.

TREATMENT OF PNEUMONIA.

℞

Specific veratrum, gtts. xx to xxx.
Specific ipecac .....gtts. xx.
Aqua .....q. s. ℥iv.

M. Sig.—One teaspoonful every two hours alternated with

℞

Ferric cit. soluble.....grs. x.
Specific bryonia .....gtts. x.
Spec. gelsemium, gtts. xx to ʒij.
Aqua .....q s ℥iv.

M. S.—One teaspoonful every two hours.—J. A. Burnett, M. D.

PHTHISIS.

℞

Syr. am. hydrochlorid.....℥vi.
Syr. hydriodic acid.....℥ij.
Tr. gelsemium.....ʒij.
Syr. guaiacol .....℥ij.

M. et S.—One teaspoonful three times daily.—W. B. Mann, M. D., Ph. G.

FOR DIPHTHERIA.

℞

Specific phytolacca ....gtts. xv.
Specific baptisia .....ʒss.
Specific aconite ...gtts. iss to x.
Aqua .....℥iv.

M. S.—One teaspoonful every two or three hours.—J. A. Burnett, M. D.

A SPECIFIC FOR RHUS POISONING.

The following is said (Medical World, Aug., 1906, p. 314) to be a positive cure for rhus poisoning.

℞

Quinine .....ʒij.
Aqua .....q s ℥vj.

M. S.—Apply externally. One application may be enough.

FOR DIPHTHERIA.

℞

Chlorate of potash.....gr. xxx.
Hydrochloric acid .....gtts. x.
Aqua .....℥iv.

M. S.—One drachm every two hours. J. A. Burnett, M. D.

PNEUMONIA.

℞

Syr. am. hydrochlorid.....℥vi.
Syr. hydriodic acid.....℥ij.
Tr. veratrum viride.....ʒi.

M. et S.—One teaspoonful every 3 or 4 hours as case requires.—W. B. Mann, M. D., Ph. G., Evanston, Ill.

A USEFUL PRESCRIPTION.

The following is of value as a febrifuge tonic, anti-rheumatic for tonsillitis and various other things. Dr. W. R. Littell of Cambridge City, Ind., uses it in place of iron salicylate.

℞

Sodium salicylate .....ʒij.
Elix. calisaya, iron and stry. ℥iij.

M. S.—Use as needed.

A REMEDY FOR CHRONIC GASTRITIS.

The following is of much value in chronic gastritis:

℞

Calcined magnesia.
Bismuth subnitrate.....aa gr. x.

M. S.—This is one dose to be taken half an hour before each meal.—J. A. Burnett, M. D.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

SUGGESTIONS IN THE TREATMENT OF DISEASES OF THE RESPIRATORY TRACT

By J. F. T. Jenkins, Ph. G., M. S., M. D., Los Angeles, California.

A marked advance in therapeutics has taken place in the last few years and many new remedies have been introduced which after careful clinical tests have been found to be vastly superior to former methods of treatment. A drug which has attracted considerable attention is the new morphine derivative heroin. It has been brought before the profession for the purpose of allaying cough and to take the place of codeine as a more efficient substitute. Its action in relieving cough and dyspnoea is much more prompt and decided, and the frequent deleterious after-effects of codeine and morphine—nausea, vomiting, headache, constipation, gastric pains, tinnitus, and visual hallucinations—have never been observed during its administration. Results are equally as good with children as with adults, and it has now taken a permanent place in the armamentarium of the physician.

Some time after the introduction of heroin, while I was acting assisting surgeon in temporary command of the station for the United States Marine Hospital Service, I had a number of government patients, sailors of the merchant marine, at the Los Angeles Infirmary (Sister's Hospital) under my professional care. In one case of persistent cough, which was extremely distressing to the patient and harassing to his friends, I tried everything I had heretofore used, without obtaining even partial relief. The then resident physician, Dr. M. M. Kannon, urged me to try a new combination of heroin with other drugs, known as glyco-heoin (Smith), made by Martin H. Smith Co., of New York. Acting upon this suggestion, I gave a prescription for a few ounces of this preparation to be given in teaspoonful doses every four to six hours until relieved. The good effect was immediate and pronounced, and from that time to the present I have had positive results in relieving cough that I had failed to obtain in my previous experience of a quarter of a century in the active practice of the medical profession. Before giving it in the case mentioned I was inclined to be sceptical, notwithstanding the frequency of favorable reports in regard to it by respectable medical journals and leading professional men. I had tried without satisfactory results the usual mixtures "heroin comp.," of which there are so many, without merit, failing entirely to accomplish all that heroin can be shown to do in using the preparation indicated. To satisfy myself still further and to remove a doubt in my mind that this might be an exceptional case or a mere coincidence, I was induced to give it a trial in a series of selected cases of a similar character. The result was so satisfactory that I feel constrained to add my testimony to that of others and place the record of cases before the profession; first giving a brief prelude dealing with the component parts of the prescription and its applicability in the treatment of all pulmonary and laryngeal diseases, followed by the expressed opinions of some eminent medical men as to the curative action of heroin, the most important drug in this excellent combination.

Glyco-heroin (Smith) is a true solution of heroin in glycerine; each teaspoonful represents one-sixteenth of a grain of heroin, with ammonium hypophosphite, hyoscyamus, white pine bark, balsam of tolu, with glycerine and aromatics. A glance at this formula shows a happy selection of drugs adding to the palliative effect of the heroin and each possessing decided curative properties of its own. It gives the physician an elegant pharmaceutical preparation, strictly ethical in character, a trial of which will satisfy him that it excels any single drug or combination of drugs in the materia medica. Limitation of space prevents an exhaustive consideration of the individual therapeutic virtues of the ingredients mentioned. With the exception of heroin, all are so well known that a very minute detail of their virtues is not necessary. It is important, however, to notice that the value of each seems to be increased tenfold, and the special sedative action intensified in the uniformly exact proportions adhered to by the Martin H. Smith Company in its manufacture. Referring again to the first component and most essential drug in this prescription—heroin—a recent writer says: "Though of recent date, this drug has already evinced its pronounced efficacy as a bronchial and pulmonary sedative and as an agent facilitating and promoting expectoration."

In the Boston Medical and Surgical Journal (Feb. 22, 1900), Dr. Geis pronounces heroin "an eminently satisfactory agent in loosening and expelling stagnant products from the lungs."

Dr. H. D. Fulton, in the New York Medical Journal, refers to it as a "veritable boon to the consumptive as a palliative in cough."

In the Journal of the American Medical Association, Dr. W. Freudenthal states that the "irritable cough in tuberculosis patients frequently yields to the administration of heroin, and this occurs in cases in which both morphine and codeine have proved inefficient." The same writer considers it useful also in asthma and pseudo-croup.

W. H. Ambrose, M. D., of Cincinnati, O., reports as follows: "An agent like it, which diminishes the frequency of respiration and increases its force, finds a large field of application in conditions of dyspnoea, as in nervous asthma and difficulty of breathing in cases of emphysema, chronic bronchitis, and especially phthisis."

Dr. E. R. Mitchell believes "it may be advantageously given in the cough and dyspnoea of tuberculosis over a long period of time," while Dr. Morris Manges found it "a valuable aid in the treatment of pneumonia, alleviating the pleuritic stitches and the distressing cough. * * * It acted well in some cases not relieved by codeine.

AFTER MANY DAYS

That "honesty is the best policy" is strikingly illustrated by the relation of Scott's emulsion to the requirements of the new pure food law.

At the present moment the manufacturer of preparations which contain alcohol or harmful ingredients, are greatly worried at being compelled to come out into the open and change their formulas, or state the harmful ingredients on their labels.

Scott's emulsion, on the other hand, pursues the even tenor of its way, undisturbed and unruffled. It has always anticipated the new law, in that it never contained any harmful ingredients. Consequently no change of formula or label is necessary.

Through forcing alcoholic or harmful ingredients to be mentioned on the labels, the new pure food law frees Scott's emulsion from a tremendous amount of competition.

Thirty years of square, honest manufacture is rewarded by the fact that Scott's emulsion is not only not hindered, but is actually helped by the pure food law.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. IX DECEMBER, 1906 No. 12

Leading Original Articles

THE ELECTIVE SURGERY OF THE FACE

By Charles C. Miller, M. D., and Florence Miller, M. D., 70 State Street, Chicago, Illinois.

(Continued from Page 355 November Recorder)

THE INVERTED LIP AND ITS CORRECTION.

The apparently too thin lip is rarely more than an inverted lip the result of long misuse of the muscles of the face. While it is more or less natural that the face should characterize to some extent the emotions which are felt by an individual, these emotions depicted by expressions merely represent a lack of self control on the part of the individual, and it is important to all individuals that they learn to suppress many of the emotional characteristics expressed by the muscles of the face, if they hope to avoid the acquisition of facial characteristics, which are unpleasant and mar the appearance.

One of the common faults acquired most often in attempting to suppress emotion is the compressed or thin inverted lip. The individual instead of assuming a placid and expressionless appearance, when impelled by certain emotions, voluntarily tightly compresses the lips and after the lapse of a variable time, the mouth instead of presenting its natural appearance is converted into a thin irregular line.

In the preliminary examination of these cases, it is usually possible to decide whether the lip is simply inverted or if it is unduly thin in which latter case operations for everting the lips are of value in improving the appearance of the individual, but are insufficient to secure a perfect result. In these latter cases, where the lip is actually thinned it is necessary to combine the operations for everting the lips with paraffin injections to give the lips the necessary thickness.

The plan of operation in these cases is along the same lines as those enumerated for the correction of the everted lip. Lines of incision are made parallel to the direction of the lips well within the mouth, and are converted into incisions running at right angles to the free margins of the lips, and held thus by sutures until healing occurs.

The first incision is made crossing the median line. It will be found advisable to make this incision about one-half an inch long, as a rule. The incision is then sutured in the opposite direction and the operator makes, if necessasry, incisions upon each side, and these are sutured in the same manner, as the first, so that the lip is everted.

Fig. 1. Illustrates the direction of incisions for slightly everting the lower lip. These incisions are closed in a direction at right angles to their original course.

Fig. 2. Illustrates the incisions for everting the lower lip after sutures have been applied.

Fig. 3. Illustrates the direction made by the operator in both the upper and lower lips. These incisions are closed as is shown in Fig. 2.

Fig. 4. In some instances we observe an undue compression and inversion of the lips about the angles of the mouth, and in such instances the incisions within the mouth are made so that the mucosa may be slightly everted at this point.

Fig. 5. Illustrates the direction of the incisions after closure for everting the mucosa at the angles.

Fig. 6. Where the lips have been uniformly compressed and inverted, a condition is found which requires multiple incisions. Such are made in a direction parallel to the lips.

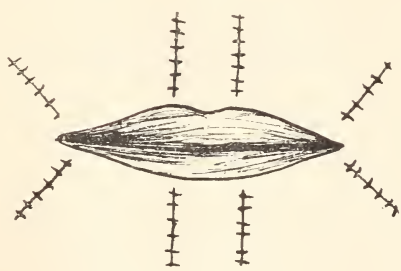


Fig. 7. Illustrates appearance after closure of incisions as made in Fig. 6.

Fig. 8. It is sometimes advisable to secure the eversion of the lips desired by using oblique incisions rather than those parallel to the free margins of the lips as is seen in Fig. 6.

Fig. 9. Showing condition after closure of the oblique incisions.

Fig. 10. Illustrating the situation of the incisions made parallel to the direction of the lips as the first step in the operation for everting the lips.

Fig. 11. The incisions as made in Fig. 10 after sutures are applied. Attention is called in the text to the altering of the direction of the original incisions where it is desired to modify the degree of eversion and the point of eversion.

Fig. 12. Illustrating the incisions at the angle of the mouth for everting the mucosa at this point. These incisions may be used alone or in conjunction with others for everting the mucosa nearer the median line.

In some cases, it is advisable to make incisions on each side of the median incision farther within the mouth, so that the portions of the lip near the angle of the mouth are not unduly everted.

In many cases, the incisions everting the lips, must be combined with the operation for raising the angle of the mouth to overcome a downward tendency of the angles.

The operation for raising the angle of the mouth has its chief effect upon the mucosa and tends to invert the lip rather than evert it. In these instances the lips should be fully everted by properly placed incisions, and those above near the angle of the mouth should rather unduly evert the lip. Then the incision made above and to the outer side of the angle of the mouth and either perpendicular or corresponding to the naso-labial line will correct this condition, and exercise a tendency to raise the angle, altering the expression of the individual even if the effect be slight.

Sometimes a form of advancement operation can be performed to an advantage in this class of cases. This operation is performed with local anesthesia as has been described. The operator makes an incision along the line of juncture of the lip and gum leaving a very narrow portion of the mucosa attached to the gum so as to permit suturing without carrying the needles into the tissues of the gum. The operator has in the beginning everted the lip, and it is now drawn outward and everted, and commencing laterally the mucosa of the lip and the margin of mucosa attached to the gums is sutured together until the median line is reached. The operator then begins at the other angle and sutures as before drawing out the lip as he does so. When he has thus sutured the tissues with the lip drawn out there will be a strip of raw surface which has been formed by the traction on the lip while the sutures were applied. This is to be approximated along the median line by a continuous suture. The result after this operation will be a T shaped line of sutures, one portion of the T extending along the gingivilabial juncture and the remainder along the median line.

In some cases a more extensive advancement of the lip is accomplished by making this incision as described in the previous operation along the line of juncture of the gum and lip and then drawing the lip forward and outward and suturing so that an advancement of the lip occurs and a raw surface is left to heal by granulation on the inner surface of the lip. This latter plan is to be avoided whenever possible, as the raw surface may require some time to heal perfectly.

(To be Continued.)

PHYSICS OF THE X-RAY

By Gordon G. Burdick, M. D., 72 Madison St., Chicago, Illinois.

(Continued from Page 353 November Recorder)

MEDICO-LEGAL RELATIONS.

The X-ray operator finds himself much sought after by both parties to a suit involving personal injuries, and he finds the pressure almost irresistable to take sides, and become a partisan of either the plaintiff or the defendant, and curiously enough he must do this, or sooner or later he will find that neither side wishes his services. It has become the rarest thing in the world, where either side is looking for the truth, in fact this has nothing to do with the matter; what both sides want is a witness who will adopt their theory of the case and adjust his evidence to that theory. If a witness shows any individuality, or, is disposed to be fair, he is considered dangerous and is used only in an emergency. The theory of law, making a preponderance of evidence conclusive, means

that so many more coached witnesses must be placed on the stand to knock down the straw men put up by the other side. The success with which I obtained large settlements in several railroad cases due to wrecks, which were based upon skiagraphic evidence of the injuries, made me a much courted man in certain circles, and there were forced upon me acquaintances who manifested considerable interest in my welfare, by sending me cases, giving me cigars, and showing a disposition to buy me good dinners. In a few weeks it was evident that my good friends had something of personal interest, and time showed that they were the "busy men" of a firm of lawyers who make a specialty of accident cases against anything and everything.

When I was let into the secret, my part of the plot was to make skiagraphs, showing the alleged injuries testified to by the surgeons, in order that they might use them to get settlement. These skiagraphs of course must be accompanied by affidavits, showing that they were taken by an expert. I objected on the ground that the average skiagraph would show that the surgeon missed his diagnosis many times by a wide margin, and it was a difficult matter to make them agree, but they thought with my skill I might overcome this discreptancy as other skiagraphers had succeeded in doing so. By this time my curiosity was aroused, and I asked him if they did not have trouble getting physicians to tesitfy in cases of this kind; but was assured no difficulty was experienced, as he could (as he explained it) "buy physicians with as little trouble as a sack of potatoes," and even if they should fail to buy them, by working either upon their prejudice, cupidity, or sympathy, no difficulty was experienced in getting them to take sides in a case. I told him that I was afraid to risk it, as perjury was considered a serious crime. He asked me if I had ever heard of a punishment for perjury in a Cook Co. court, and I had to confess that I never did. As he explained it, what would be the use of punishing anyone for perjury, as it would not be very long before the lawyers and nearly all of the witnesses would be in jail, and the courts would have nothing to do.

I expressed doubt about the possibility of the city settling cases on skiagraphic evidence alone. He laughed, and assured me that the city's representative was always glad to settle if a good case was put up, as they had justification in so doing; besides they received their commission for settling the matter. I doubted his word by telling him that the city's attorneys could not settle without the approval of some judge; but was informed that it was the easiest thing in the world to get a judge to sign his name even to his own death warrant if presented to him by the attorneys with the statement that they had agreed upon the matter. A judge is nothing if not accommodating in such little matters, and as proof he pointed out some of the idiosyncrasies and associates of some of them during their idle hours, an evidence of their being good fellows. Here followed a description of our judicial system from a disciple of the great world of graft, and no serious harm can come by giving it in as near his own words as possible. Much good may result by awakening the American people from their well grounded confidence in the integrity of their judicial system, and result in sweeping reforms before it is too late.

"Say, Doc, what you know about law mostly ain't so. You have the same idea as the ordinary citizen that law is made for your special benefit, and if you see a public wrong you have a remedy for it in another law. You and 80,000,000 other 'suckers'

have been reforming the United States for the last hundred years, until you have more law than sense, and you have been giving more power to this minor arm of the government, until it has grown to be a menace to every private citizen in the land. The wise guys who got up our constitution must have foreseen the possibilities of danger in this creature that was born to them, and in order to keep it in bonds, they constructed a pen with bars, to keep it within limits, and wisely ordered that it should never grow larger than its parent, the government. So they also solemnly said, this government was of the people, for the people, and by the people. This sounded so grand that the people haven't gotten over adoring the wisdom of the poet who wrote it. It seemed so sublime and just, that they read it to their children on the Fourth of July each year, and then forget about it for another year while they were chasing the almighty dollar. They are still bringing it out and dusting it yearly, and chasing the dollar harder than ever. In the meantime this country was discovered by the 'Turks' and an invasion followed, and for the first time in the history of the country we had a leisure class, who had no business or other visible means of support. Some of this vast army must have attended a Fourth of July meeting, and seen this idol of the American people, while undergoing its annual dusting, and as it was made up of several bright colors, and had a cord on it that looked like real gold ,the invaders were interested, and later became converted. They figured, that it was a shame to hide this god away for a whole year, while the people were so busy doing something else, and as they had time to burn, they immediately had themselves appointed keeper at a good salary, and they made fairly good keepers, for the animal behaved himself even better than before. The keepers had hardly gotten nicely settled down to their work when a great hubbub was raised down the street, and they were surrounded by a great concourse of people, some of whom demanded that the animal be unchained, and be allowed to go abroad among the people, while another faction demanded that the animal be chloroformed. The keepers were frightened, and seeing that the anger of the people was likely to rend them, no matter what course they pursued, they dissembled and praised the divine attributes of the god, and told them to leave the victim with it, knowing full well that the public idol could do no wrong, they consulted together, and agreed to delay the matter until the people again took up their task of chasing the almighty dollar, and would forget and take their eyes off of them long enough to give them a chance to drop the poor wretch in a sewer; but found that there was so much heat about the matter, that they would have to make the god do something, or both parties would rend them, so they consulted together, and the god brought forth its first monstrosity, the Dread Scott decision. Some of the people fairly screamed their anger at the abortion, while the rest taunted the others about possessing the favor of the god, and incidentally wanted to know what they were going to do about it. Believing their god to be infallible they did nothing of course, and the keepers got wise, in their day and generation, and consulting among themselves, they concluded that the people would stand for any old thing, as long as it had the proper label, so they began quietly to revise the fundamental creed of the Country, and changed it to read as follows: 'This will hereafter be a government of the Judiciary, for the Judiciary, and by the Judiciary.' This seemed a little rank to some of the people who had all of their bins full of dollars, and had time to watch some of the high priests, and a howl went

up among them unitl it seemed a part of wisdom to change the wording in this way: 'This is a government of the Law, by the Law, and under the Law.' This sounds better; but you see the people are somehow left out of the matter, and always have been since that time. They still think that they make their laws. They select men to represent them in congress, legislature, county boards, and in the city councils, and these men in their solemn wisdom are under the impression that they are making laws. It is true that they frame them, and if they run the gauntlet of the veto power, they must be reviewed by the courts before it can become the law of the land; and we invariably find the upper courts about evenly split on all public questions, and one vote casts the die that may mean life or death, happiness or misery, to millions of people, so that laws are really made by one man, and his education, associations, or environment, 'to say nothing of the condition of his stomach,' will determine the validity of a law to govern millions of human beings. Of course you people agree that their decision is based upon fundamental rules in the constitution, and that it is impossible for them to get around it. If you will remember the beautiful way the courts have 'straddled' the fence in the Jim Crow car case, and the disenfranchisement of the negroes in many states, to say nothing of the way the Porto Ricans and the Philippine question was handled. You can readily understand that of all things the courts are careful not to get themselves disliked in a community.

"The possibility of graft was seen early by our imported philanthropists, and they became convinced that the average American citizen was too busy to be bothered with politics, and moreover needed a boss, so this institution was grafted on the body politic, and the whole work of selecting the entire law making bodies fell on the machine. This method succeeded in getting control of all the law making powers by seizing the dominant party, and the rule of graft was substituted for the scales of justice. It flourished and grew like a green bay tree for a time, until the people in their anger overthrew the party, and the necessity of gaining control of both machines was evident to the promoters, if they wished to keep control of the state, county, and city machinery. A working agreement was improvised between the bosses of both parties, so that an arrangement was made giving the democratic party the city, and the republicans the county government, and after a few years' trial, giving both a representation in the legislature. This worked so well in practice that it was deemed advisable for both machines to unite on state graft, each boss taking a percentage, according to the actual representation in the legislature. So the people's part in the making of laws resolves itself into the dubious privilege of voting for one of two sets of candidates who have been selected for them by the boss of each machine, and who have been pledged to look after the interest of the machine before all else. Take our judges for instance, they are never nominated for their legal ability, but he is always some lawyer who has shown a preference for one machine or the other, and who is not nominated until he has shown his willingness to do any dirty work the boss wants done, including the donation of a year's salary. If he proves satisfactory along this line he is nominated, so we have in a nut shell the whole source of law under the thumb of the political boss. He nominates the congressmen, controls the nomination of the senator through his ownership of the legislature, dictates who shall be nominated for judge, and controls his policy, and makes him pay a year's salary in advance for the dubious privilege of administering the law. Of course some

of the people are bull-headed, and it is necessary to cater to their wishes to a certain extent, so some of the judges are honest and are renominated on their record, but this don't hamper the boss, as he always has enough creatures upon the bench to do his bidding.

"Now, Doctor, knowing that all I have told you are facts, why should you not expect lawyers and others interested to try and get some of the graft. The boss dictates the appointment of justice of the peace, jury, commissioners, court bailiffs, and court clerks, and why should he not use them for his own purposes? He has no income except graft, does an immense amount of work for the people who are too indifferent to do it themselves, and when he can get a good sum of money to fix up a case for a wealthy corporation, why should he not do so? Now, we small grafters have got next to the way things are going and we simply use the machinery already created to carry out our schemes, and by observing outward legal forms, and supplying the evidence we are successful. There is no reason why perjury should be of use for the high class criminal, and not be just as useful for the small man, and the labor unions have demonstrated that it is safe if all will stick together."

I thanked him for his information, but wanted to know how the X-ray operator could help along the scheme, in other words how a fracture could be shown in a bone where none existed, and was told that it could be done readily, and in several ways. First by showing a plate taken from some other person, or if that was not available, one from the person injured, and by retouching the plate to show a fracture, then making a positive and a negative from this, in order to remove all traces of retouching. This is used in settlement cases, but if they failed to get a settlement, a needle syringe filled with iodoform emulsion was carried down to the bone, and a small amount was injected at different angles, this always gave a good picture of fracture, especially if it occurred in a fat person. But still I was not satisfied, as I could not understand how he could trust the ignorant foreigners who seem to make up the majority of this kind of plaintiffs. He laughed and said that in the majority of cases they were "coned" themselves, as most of them are so ignorant, and have had such a hard time since arriving in this country that they jump at a chance of easy money. They perhaps meet with a trifling injury, and our doctors getting hold of them, they are told that they have a serious injury, and that it is a burning shame that the city is so careless in having poor sidewalks, and that it should be made to pay for their neglect. They talk learnedly about the justice of the case and mention $10,000 as a probable sum the city will have to pay for injuring their imported citizen. The size of the sum transforms the foreigner; and it does seem like a tidy sum to a poor fellow who never had ten whole dollars to his name. He is given vigorous treatment and kept in bed as long as possible, while his illness is magnified and gradually his story is suggested to him until he bites like a bass, then the lawyer friend is introduced, and he looks very indignant at the shabby treatment the poor man has received from the city, and after he has signed a contract to give half of the verdict, and pay all charges, his statement is taken together with the numerous witnesses who believe by this time that they saw the accident. The physician makes it a business to see the patient from time to time, and impress upon his mind that he has not recovered and never will, besides that he is a very much abused man. A good verdict in a case of this kind will make five per cent of the population in the neighborhood fall through a sidewalk, in the next ten days, and furnish a

good lucrative business for the lawyers and doctors. After a person has beat one corporation they are easily used to beat some others, as it looks like easy money.

I became anxious about this time to know something about the division of fees, and was told that it varied somewhat. If the sucker (injured party) was very ignorant, the lawyer takes one-half of the verdict and charged from one to two hundred apiece, according to contract for the expert testimony for each expert. If the verdict is not large enough, the lawyer allows the doctor 25 per cent of his share and the patient pays all court costs and witness fees. The X-ray expert is on the stand only a short time, and he gets $25 if a verdict of over $500 is recovered, if it don't reach this amount he gets it in the neck. It should be unnecessary to say that I had to decline doing business under the circumstances, as 70 per cent of the verdicts and settlements are below five hundred dollars. On the whole none of us will agree with the conclusions of this small grafter, I still think that the majority of medical men are above the average in personal honesty. Still his dissertation calls attention to a growing evil due to the utter impossibility of many practitioners making a decent lving. They have spent their money and given several years' time learning a profession, and find after they have entered it that an honest living is impossible owing to the dishonest tactics of their confreres who stand high in the professsion.

In the next number we shall take up the general consideration of the medical expert, as we have much to say about him, his ways, and the general effect of his testimony in court.

(To be Continued.)

The sad consequence of defection in principle is corruption in practice.—Milton.

DISEASES OF THE HEART ENDOCARDITIS

By Edward C. Rothrock, M. D., Palestine, Texas.

Gradual failure of the heart's power is one of the most common causes of death in both acute and chronic diseases. A free circulation of blood is absolutely necessary for the proper performance of the functions of every organ and the ill effects of a weakened state of the heart will rapidly show in embarrassment of the circulation through the lungs. The muscular power fails, the nervous system becomes enfeebled, and the patient is incapable of exertion. The pulse becomes small and compressible in proportion to the feebleness of the heart's contraction. This untoward condition may arise from deficiency in quantity of the blood, starving the contractile fibers of due supply of nutriment, as often seen after hemorrhages, wasting disorders, fever, an abnormal condition of the blood, preventing those chemical changes which are necessary for proper muscular action and which occur in diseased kidneys, pyemia, septicemia and other like disorders. It may result from inflammation of the muscular structure of the heart—myocarditis, fatty degeneration. One fruitful cause of endocarditis is rheumatism, metastasis during attack of acute rheumatism of joints. The lining membrane of the heart is injected, reddened, swollen, and covered with a fringe-like substance consisting of softened endocardium. The cordæ-tendinee and valves are often torn loose by softening process; the lining membranes may be torn, and the blood rushing in distends and softens the heart muscles constituting a heart aneurism. Myocarditis may result from extension of the inflammation; emboli may form from particles of coagulated, fibrinous exudation, and carried by the stream of blood into arteries may cause abscesses. Apopletic clots, by blocking up large vessels, cause gangrene of the extremities. En-

docarditis may be associated with myocarditis, pericarditis and acute form of Bright's disease, and may manifest itself in measles, scarlet fever, puerperal fever. It may be unnoticed in such diseases as there is very little pain in region of the heart, except in rheumatism and in some other complications.

The earliest indication of endocarditis is palpitation of the heart, a soft, compressible and small pulse; dyspnea is a prominent symptom. If the lungs are complicated in the morbid condition there will be a quick, unequal respiration, sometimes fainting, congestion of brain, headache, delirium, sleeplessness, stupor, and often coma. From the first sound of the heart a murmur is heard, caused by the diseased valves; the same time the arterial sound is increased. The sounds of the heart are heard over a larger space than in health and somewhat stronger at first. Percussion reveals very little at first, but soon there will be a dull sound over a large space from impeded circulation. Endocarditis is a serious disease, resulting in disease of valves, adhesions, thickening; may be dilation and hypertrophy. But in whatever manner failure of the power of the heart may arise, the organ is so essential to life that attention must be given to it.

Indications for Treatment.—If possible, remove the cause and insist upon general rest. The tension of the whole vascular system may have to be lessened. The action of the heart may have to be increased—stimulated. The diet should be liquid food. Watch carefully the heart and circulating system and condition of the nervous system. If there is high fever, aconite, one to two drops every hour until fever abates, then same dose every three or four hours. If pain in region of the heart, cramp or sharp pain, cereus grandiflorus, fifteen to twenty drops every thirty minutes until relieved. Dionin, one-eighth to one-quarter grain every half hour is efficient. If there is stagnation of pulmonary circulation ammonium carbonate is indicated. Aromatic spirits ammonia is a good stimulant. If rheumatism is connected with it, chloride of gold, one-eighth to one-quarter three times a day is a fine remedy in this condition. So is cimicifuga, fluid extract, fifteen to twenty drops three or four times a day. Its antispasmodic, diuretic and diaphoretic action is valuable and efficient in weak or fatty heart, and where digitalis would be dangerous. Small doses increase secretion; full doses increase the force of the heart and slow the rate. Cimicifuga is a valuable remedy in endocarditis and other heart troubles. Ammonia is a good stimulant, but the old fashioned whisky or brandy is the best general stimulant we have. Nitroglycerin, strophanthus and other remedies could be used if indicated, but such remedies that suit the pathological condition and that have an affinity for those organs should be chosen. Amyl nitrate will overcome the earliest symptoms of cardiac depression; so will atropine as cardiac stimulant. Sparteine sulphas, one-sixteenth to one-quarter gr. is a good cardiac stimulant and tonic. These two last used hypodermatic slow and strengthen the heart-beat and increase the cutaneous and renal circulation. Adonis vernalis has been successful for me in combating weak or "heart failure" pain and dyspnea; tincture, ten drops or adonin, one-eighth to one-third grain every three or four hours.

Prospective heirs are usually glad to wear dead men's shoes.

The worker with the most sand usually is the first to raise the dust.

To lose one's head is often the immediate preface to losing one's feet.

If some of your china has been in the family for years, you probably wash your own dishes.

When the poor young man finds a rich "better half," he also is apt to find better quarters.—Success Magazine.

WHAT I HAVE LEARNED IN GYNECOLOGY

By J. L. Wolfe, M. D., Cedar Falls, Iowa.

I have learned that anteflexion and anteversion in themselves—that is to say, as displacements merely and without narrowing of the uterine canal—are not necessarily pathological conditions of the womb. Text-books speak of them as such and exhibit many of ingenious forms of pessaries devised to rectify these so-called displacements. But very rarely, indeed, do I have to resort to them and then only to a stem-pessary in anteflexious, for I find in almost every virgin or every barren woman, that the womb in varying degrees is either bent forward or is tilted forward and is apparently resting on the bladder. The mistake made, as I have more elaborately shown in a former writing, is in attributing to this natural position of the womb the various forms of pelvic trouble, especially that of irritability of the bladder to which women are so liable. But the sympathy between the brain and the bladder is a remarkably close one—so close, indeed, that some physiologists contend that "every mental act in man is accompanied by a contraction of the bladder." The irritability of the bladder thus becomes one of the first symptoms of nervousness to which everyone is liable. Many a lawyer before pleading an important case, and many a clergyman before delivering a discourse is compelled from sheer nervousness to empty the bladder. So it is with the lower animals which, when frightened, micturate involuntarily. A nervous bladder, then, is one of the earliest phenomena of a nervous brain, for nervousness means a deficient control of the higher nerve centers over the lower ones; a lack of brain control.

Now, a hysterical girl or a women whose nervous system has given away under the strain of domestic cares, consults the physician for such ordinary symptoms of nerve-exhaustion as wakefulness, utter weariness, a bearing-down feeling, backache and perhaps, above all, an irritable bladder Upon making a digital examination he usually fiinds the fundus of the womb resting on the bladder, where it naturally should rest. At once he jumps to the conclusion that the whole trouble is due to pressure of the womb on the bladder, viz., to the existing natural anteversion, or to the anteflexion as the case may be. Enticed away by the vesical trouble from the bottom factor—the shattered nerves—he now makes local applications and racks his brain to adapt or devise some pessary capable of overcoming the supposed difficulty, heedless of the dilemma that the upward or shoving pressure of the pessary on the bladder must be greater than the counter or downward pressure of the womb, to which he attributes the versical irritability.

In the lying-in chamber, the fear of septicemia will ever haunt me, but I have long since abandoned the idea cherished by that class of waistless and witless nurses now happily obsolescent, that the parturient woman is to be swathed like a mummy and to be kept as immovable. What earthly harm can accrue to a woman after a natural labor, if she turns over from side to side, sits up in bed, or even gets up to use the commode if she feels like it.I cannot see. Natural labor is a physiological process, not a pathological one, but tradition has thrown around the lying in bed a glamour of mischievous sentiment.

In relation to this let me express my disbelief that mammary abscess comes from "caked" breasts, or from breasts over-distended from a secretion of milk too great for the infant's needs. Mammary abscess in the suckling woman comes, in my opinion, from cracked nipples and from cracked nipples alone. In proof of this let me ask my readers if any one of them has ever had a case of mastitis after a miscarriage, or one of gathered breasts following a still-birth,

always provided the breasts were let pretty much alone, so far as pumping and sucking are concerned. Under these circumstances the unsucked and unpumped breast will swell up and grow painfully hard, but it will not inflame or suppurate. Let me not be understood as saying that an over-distended breast should not be relieved by sucking or by pumping, but the means employed for this relief must be so sparingly used and at such long intervals as not to crack the nipples. This immunity from mammary abscess after miscarriages and still-births, is attributed by the physician to his local applications of belladonna or of other milk-drying drugs. But it comes from the absence of the exciting cause of cracked nipples—the suckling child.

THE THERAPEUTIC VALUE OF POPULUS MONILIFERA

By John Albert Burnett, M. D., Dean Spring, Arkansas, and Dr. W. M. Alter, England, Arkansas.

Populus monilifera, a large tree growing on all large streams of water in this country and known by the common name of cotton wood, is a remedy that deserves attention from the entire portion of the medical profession that practices in malarial districts. Cotton wood grows fast and tall It is used for lumber, but warps very badly. In old times it was considered valuable to make ox yokes.

The bark of cotton wood is the part that is used for medical purposes According to my friend, Dr. W. M. Alter, it is a reliable remedy for all forms of malaria as well as in many other disease conditions. The remedy has not been placed on the market yet, but any physician can make a tincture of it by covering the crushed bark with alcohol and allowing it to stand say five to twenty days; then filtering, and it is ready for use. It can be made and preserved with boric acid. For further information on preserving remedies this way see my article, "Preserving Remedies with Boracic Acid," May, 1904, Medical Summary. Another way of preserving remedies without the use of alcohol can be found in my article, "Potassium Nitrate," January, 1906, New Albany Medical Herald.

I mention these facts as this remedy has not been placed on the market and someone may wish to give it a trial and not know how to prepare it.

Dr. Alter and I have an article, "Populus Monilifera in Malaria," in the June, 1904, Medical Summary. Recently I wrote Dr. Alter and asked him a number of questions about this remedy and sent him some leaves, twigs and bark of what is called cotton wood in this locality and received the following answer, which I trust will be of value to many of the readers of The Wisconsin Medical Recorder. His answer is as follows:

"I received your letter which indicates to me your interest in the populus monilifera, and while I have been greatly enthusiastic over this agent, thinking that perhaps I might interest the profession in what I think to be a great therapeutic agent, and an American product at that, that I have published from time to time articles in different medical periodicals, covering the material substance of your interrogative, but will respond to you, and should you think proper you can have this published. I also recognize in the specimens you inclosed to be the bark, the twig and the leaf of the cottonwood tree. The bark, however, is from a young tree or limb. I think the bark of the root or near the root of larger trees, possesses the properties of the drug to a greater degree and should be preferred. In making fluid extract I prefer the spring time for obtaining the bark. My early experience with it was with a boiled decoction or infusion of which I used large quantities in breaking up in-

termittent, and I always found it effective, and it also proved effective in splenic enlargements incident to malarial conditions. I have treated malarial hematuria with it alone in numbers of cases successfully, even without giving a purgative when I did not wish to nauseate the stomach and having found the intestinal canal moderately free from accumulations, but it is always desirable to clean out if we have time. But here I might say that we can generally apply our ordinary rule of meeting symptoms and combine, sometimes, other drugs with our treatment to advantage, but quinine is not one with which I am in favor as I think in this general corpuscular break-down it is contraindicated. When I have a severe case I often give to a child (if the skin is quite icteric) eight years old, two fluid ounces of my fluid extract compounded with anything desired, every hour until I notice its effect on urine and skin. Then I lessen dose, both in quantity and frequency. Chimaphila and triticum with it help it in some cases. It will do more for chronic chills than any one drug I know of.

"As bitter as the fluid extract tastes, I have often stopped obstinate vomiting in infants and others by giving five or six drops in a little water every fifteen or twenty minutes. In this country it had a considerable reputation for chills and rheumatism, both before and during our civil war, and many were acquainted with it as a remedy in venerial diseases. I consider it antiseptic in a high degree and would be glad to have competent observers try it. I believe that it should be handled delicately in order to preserve its active properties."

To live too fast is also to die too fast.

They say a woman's aim is poor. It is only natural, after all, that she should find herself at a man's feet when she has thrown herself at his head.—Success Magazine.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

INTESTINAL OBSTRUCTION

About twenty -five years ago I was called in the night to see a case in Amesbury, Massachusetts. The messenger, a merchant of the town, would not tell me anything about the case until we arrived at the house. There I found a boy about fourteen years old lying on the bed. The room was full of people; the priest had been there and administered the last rites of the church. Three doctors had diagnosed the case "inflammation of the bowels" and given the case up as hopeless . I felt of the pulse, looked at the tongue, then passed my hand over the bowels: no inflammation there Just a plain case of obstruction of the bowels. I told the father my diagnosis and that "I could cure the boy." I gave him one teaspoonful of the fluid extract anti-bilious compound (prepared in those days by Lloyd or Merrell) once in three hours until the bowels moved freely. The boy recovered and the case was much talked about in the town. The anti-bilious powder is composed of

℞

Pulv. jalap .....lb i.
Pulv. senna .....lb ii.
Pulv. cloves .....℥ii.

M.—This is a preparation well known to the eclectic school of medicine.

Another case I saw in Vermont of a lady past middle age, whose bowels were so constipated that all the medicine the doctors gave her made no im-

pression upon the obstruction. I found the patient lying on the bed trying to vomit. The bowels seemed to be full of impacted feces and she had constant pain that caused her to groan about every breath The husband said, "I want you to try and do something for my wife; the doctors say that they have done all they can for her.". I first applied hot salt made up in bags of soft, white cloth;—had two bags made—applied first one and then the other, as hot as the patient could bear them. This relieved the pain more than anything that had been done previously. Internally I gave

℞

Tr. nux vomica.....gtts. v.
Tr. dioscorea .....gtts. xx.
Aqua .....℥vi.

M. Sig.—Teaspoonful once an hour. I used a mustard paste over the stomach to relieve the nausea. In two hours' time the patient felt much better of pain and nausea. Different cathartics had been used by the attending physician but the bowels did not respond. I then prepared an injection of the saturated tincture lobelia, four ounces, and warm water, three quarts; used syringe with a long tube and injected the liquid up in her bowels as far as I could, placing napkin at anus to retain as much of the injection as I could—made "vibratory massage" over track of the colon. The injection produced relaxation of obstruction in the bowels. Then she started to vomit and exclaimed, "I feel something give away in my bowels." It was the intestine slipping back in its normal position after invagination. My patient had two or three free movements of the bowels and I left her out of danger.

Another case was a lady in New York City who had been in the Mt. Sinai hospital and five doctors had diagnosed the case as "cancer between the stomach and bowels," and that a yard of her intestine must be cut out to save her life. Her nephew, a doctor in their town, telephoned for me to call and see his aunt. After a careful examination I could not find any symptoms of cancer at all; just a plain case of obstruction of the bowels. I advised the doctor to give her small doses of tr. nux vomica and chionanthus. Under the above treatment she recovered her health.

I have had cases sent to me that had been diagnosed as fibroid tumor of the uterus, that were simply obstruction of the bowels. In a severe case of obstruction of the bowels do not forget the injection of the tincture lobelia as directed in this article. It may help you in time of need.

ELI G. JONES, M. D.,
New Brunswick, N. J.

TREATMENT OF TONSILLITIS

Tonsillitis is a very common disease and every physician should know how to treat it. There are many drugs that are recommended in the treatment of tonsillitis. In the early stages of acute tonsillitis a combination of lobelia asclepias, zingiber, and sodium salicylate is of much value. This combination acts as a diaphoretic and each remedy assists the action of the other. Some of the preparations of mercury are occasionally used in the treatment of tonsillitis. Mercury in some form is often used in the treatment of throat troubles by homeopaths. In follicular tonsillitis the tonsils can be painted with a mixture of iodine and carbolic acid, or a strong solution of nitrate of silver. Recently I wrote Dr. L. M. Regan, of Tipton, Indiana, and received the following, which I consider is good treatment:

"Yours of the 4th at hand, contents noted, and in reply will say that the first thing in treating the different conditions is to note very closely and ascertain the true cause and origin of the difficulty; get into the history of the case; find out whether due to taking

cold, retention of secretions, or whether catarrh exists, or whether there is naturally a predisposition and a spongy tissue condition of the tonsillar tissues, etc. Get at the cause.

"If it is just a simple case of inflammation of the tonsil from taking cold, the treatment is simple. First of all give them a thorough cleaning out, open up all the emunctories and put some stimulating application on the outside. I use the Norwich people's capsicol; rub it on and cover it over with absorbent cotton and keep warm. I have used antiphlogistine with good results in some cases. Keep either application warm, then give them a gargle of hydrastis, potassium chlorate, equal parts, and capsicum one-fourth part; let them gargle once an hour. After getting good action from the bowels give them quinine and hydrastis, one or two grains each, and capsicum, one-eighth grain at a dose. I use tablets composed as follows: Hydrastis and quinine, each grain one, capsicum, grain one-eighth. If treating an adult give two tablets every three or four hours; if a child give one. Now, if you have a severe case as inflammation of the deeper structures of the tonsils, commonly called quinsy, then you want more heroic treatment. Of course the first thing is to clean them out always if you get the stage early before abscess is forming, then give them sodium salicylate, echinacea and fluid extract phytolacca in infusion, adding enough composition powder to make it stimulating. Use as a swab every one-half to one hour straight, dark pinus canadensis (Kennedy's); follow up as soon as the inflammation subsides with the quinine, hydrastis and capsicum tonic. Use plenty of antiphlogistine externally, keeping it hot with salt sacks. But if the case is advanced until it has begun to form an abscess, then leave off the poke root, but use the other, and hasten the evacuation of pus as soon as possible by hot poulticing, and if the tonsil does not rupture of itself then encourage it by the use of the scalpel, and after this give the tonic treatment. Don't ever lose sight of the act of keeping the bowels loose; use any good hepatic after using a good cathartic. If they have headache give sorbilin."

The tincture of iron is a good remedy to use to swab the tonsils. In some cases I have used iron subsulphate in solution but did not get good results, but have seen it highly recommended.

JOHN ALBERT BURNETT, M. D.,
Dean Spring, Arkansas.

TYPHOID FEVER

I will endeavor, in a few words, to tell you how I abort typhoid and continued fever. I am located in the marshy latitude of Louisiana, given up to produce more malarial than any other state in the union and have practiced here several years and have not had a case of typhoid or continued fever. Here is my plan of treatment for aborting the attacks:

The first thing upon being called to see a patient is to reduce the temperature with antipyretics. While doing so administer thirty grs. hydrargyri chloridum mite for adults, children in proportion. Take in five doses and follow with oil or salts. Give quinine, five grs., every four hours; continuously repeat the calomel every twenty-four hours and it will not be over forty-eight hours until you will have the fever broken and typhoid or continued fever with its alarming prognosis will be aborted. In the January issue I will give you something on the "Treatment of Pneumonia." I wish some brother would give something well tried on asthma. Cut out theory and give me something practical.

J. T. VICK, M. D.,
Danville, La.

HYPERACIDITY

In twenty cases of indigestion where hyperacidity was a dominant symptom, I found that all were ingesting food containing sodium chloride and carbohydrates at all their meals. I took some cane sugar and salt, ten grains each, and placed it in a bottle, added two ounces of water and set it aside for twenty-four hours. Making the test I found free hydrochloric acid in the solution.

The ingestion of carbo-hydrates and sodium chloride at the same meal or near the same time will produce free hydrochloric acid in the stomach.

I find many patients suffering from too much salt, or sugar, or both at all their meals.

Don't allow your patients to eat salty pies that contain a quantity of sugar at supper, if they suffer from hyperacidity of the stomach.

Reduce quality eaten fifty per cent.

Put patient on vegetable diet with plenty of apples and grapes and results come to the doctor.

F. G. Thomason, M. D.

Austin, Texas.

THE NATIONAL FORMULARY

I have been reading with interest and profit the recent exposures of proprietary medicines and though not a noted sinner in this direction have promised myself to confine my prescribing more closely to the U. S. P. and the National Formulary. Following are some of my experiences: I read in the Druggists' Circular of the formulæ of elixir terpin hydrate cum heroin and the elixir terpin hydrate cum codeina. They seemed to fit some of my cases and as they were said to be in the new third edition of the National Formulary I prescribed the codeina mixture and left it with the nearest druggist. I saw him go to John Wyeth's bottle and fill the prescription. Later I prescribed the heroin mixture and one of the most prominent drug stores in town called me up and said it was not in the National Formulary (he hadn't the third edition), but he had Wyeth's and Parke Davis', which would I have?. I prescribed cataplasma kaolinum in a suburb of Cincinnati. The messenger went to three drug stores and they not being able to fill it he then went to one of the leading stores down town who called me up to ask what it was. I had the same experience with thymolis iodidum and liquid antisepticus alkalinus and phenolis liquefactum. All of this after the new pharmacopæia had been out more than a year. Last but not least: I sent a short article to the editor of a medical journal, a wonderfully well informed man. A prescription in the article had N. F. after it. He asked me "What does N. F. mean, New Farmacopea?" We should all live and learn a long while.

E. S. McKee, M. D.,

Cincinnati, O., Dec. 7, 1906.

QUERY

In ptomaine poisoning what food is most likely to cause it and what are the earliest symptoms and signs of such poisoning? In making an autopsy in such a case what do you find in the body with or without use of a microscopeia?" We should all live and learn maine?

Y. ——, M. D.,

Rhode Island.

Ptomaine poisoning is one of the important matters of medical practice. There has not beeen as much literature published in medical journals on the subject as its importance warrants. We invite our readers to give us their views on ptomaine poisoning for publication in the January Recorder.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

GALLSTONES AND THEIR MEDICAL TREATMENT.

There is only one way in which the overgrowth of surgery of which we hear so many complaints at this time, can be checked, and that is by making internal medication more definite and efficient, doing away with mere empiricism and getting just as positive results from medicine as from an operation. If, for instance, the undoubted power of thiosiamin to dissolve cicatrical tissue can be extended to gastric ulcers then gastroenterostomy will cease to be the common operation which it is today. If a remedy can be found, which, introduced into the stomach can effect the dissolution of gallstones and prevent their formation, then the other surgical fad of today, gall-bladder operations, will soon be restricted. Surgeons assert that no such remedy exists, but physicians persist in the search which began as early as 1782.

Since then many remedies have been tried, lauded, found wanting. They were empirical. The true nature of gallstones and their relation to bile are being understood only now. Normal bile contains from one to two per cent of cholesterine, held in solution by means of the bile salts which are its direct solvents. No deposit of cholesterine takes place, when the constituents of the bile are in their normal proportion. Large gall stones have been introduced experimentally into the gallbladders of healthy dogs under asepsis and were completely dissolved in periods of from three to six months, thus proving that healthy bile has the power of dissolving gall-stones.

An abnormal condition of bile, a disproportion of its constituents, making possible a deposit of cholesterine and thus the formation of gall-stones is, under present medical thought, usually considered to be the result of infection, invasion of the gall-bladder by the colon bacillus. But artificial infection of a healthy gall-bladder does not produce gall-stones. The colon bacillus seems to be a harmless germ when found on normal tissue, and pathogenic only on tissues that have undergone change. Furthermore, normal bile is not only sterile, but bactericidal resists the development of infectious germs which may have passed from the intestine into the gall-bladder. It is not to be denied that bacterial infection is an important contributary factor in the development of cholelithiasis and its subsequent conditions, but it would seem to be rather secondary and that there must be an antecedent pathological condition which makes such bacterial invasion at all possible.

Right here is the opening for the investigator and the physician. There are those, indeed,—chief among them Robert Glaser, of Muri, Switzerland—who believe that cholelithiasis is from ginning to end a nervous affection and not an infectious disease. The first symptom is a functional derangement of the secretory nerves of the liver, especially the sympathetic; the second, the precipitation of cholesterine (with infection of the bile); the third, is catarrh and deposit of bilirubin calcium; the fourth, formation of a calculus in the neck of the gall-bladder and development of local hyperesthesia, followed by gall-stone colic. Every physician is aware that gall-stone colics frequently occur suddenly, while patients enjoy perfect health, and disappear as mysteriously. Anger or fright, or any psychic shock is sufficient to produce them.

Infection alone is not sufficient to account for such manifestations.

If, on the other hand, hepatic function is changed by an affection of the secretory nerves, causing a disproportionate overproduction of cholesterine and a disproportionately underproduction of bile salts, then there will be a deposit of cholesterine in the gall-bladder which, crystallizing around desquamated epithelium as a nucleus, is the beginning of gall-stones. Biliary calculi undoubtedly constitute foreign bodies, giving rise to catarrhal conditions, especially when infection is added. When gall-stones are first formed patients do not suffer from biliary colic and may carry their gall-stones without even knowing it. Only gradually local hyperesthesia is added and then a slight psychic or physical shock such as fright, anger, a mis-step, the shaking of a train, or carriage, pressure on the abdomen, may bring on biliary colic.

Medicinal treatment then would have to direct itself to the secretory nerves of the liver, restore their harmonious action so that the hepatic secretion again becomes normal. We may then expect that no further stones will be formed and that those already formed will become disintegrated. Remedies heretofore used, such as most cholagogues, result in increasing the quantity of bile without improving its quality, that is, without bettering the disproportion between its constituents. Of course they have failed. This objection is raised too, against the bile salts, the sodium glychochlorate, which, upon theoretical physiological grounds, would be thought to be the ideal solvents of cholesterine deposits and from the use of which, advocated principally by Richardson of Baltimore many physicians report good results.

Of late a new remedy has been brought forward by Robert Glaser. In 1903 he published a report on the cure of cholelithiasis by chologen with one hundred cases thus treated. Since then a number of French and German medical journals have brought out contributions by various physicians, reporting favorably on the remedy. Dr. Charles D. Aaron, of Detroit, who specializes on diseases of digestion, attracted by these papers, went abroad and studied the method of treatment of gall-stones by chologen in Glaser's sanitarium at Muri. From his interesting paper on the subject before the Academy of Medicine, of Detroit, our article is something of a resume.

Chologen is a combination of mercury, podophyllin, melissa, camphor and caraway in varying proportions and put out in tablets by Rosenberg's Physiologico-Chemical Laboratory, of Berlin. The most noticeable effect of chlogen is the rapidity with which it relieves gall-stone colic. All the patients met in the sanitarium had suffered from gall-stone colic before, but this ceased entirely, soon after taking chologen. Dr. Aaron obtained the same results in his own patients, many of whom could formerly be relieved only by increasing doses of morphine. Improvement in general health with gain of weight follows; the patients appear cured of cholelithiasis.

It remains to be seen whether the favorable results reported thus far can be obtained generally. It would certainly seem advisable to try treatment with chologen before resorting to surgical measures. Physicians should at any rate, not submit blindly to the surgeon's dictum .that cholelithiasis is only a surgical disease, but convince themselves that there is a medical treatment, and be on the lookout for it.

OBSCURE INTESTINAL HEMORRHAGE.

Some time ago Ewald called attention to an overlooked cause of anemic conditions in hemorrhages from hemorrhoids high up in the rectum. The patients are not aware of the existence of the local trouble as there are no characteristic symptoms, subjective or objective.

(Continued on page (407)

MEDICAL PROGRESS

By E. S McKEE, M. D., Cincinnati, O. Lecturer on Clinical Gynecology, Medical College of Ohio, Medical Department, University of Cincinnati

Kopp's Baby's Friend Has Got in Its Deadly Work in Duluth Dr. A. J. Barden reports a death from this "dope." He gave the death as chronic opium poisoning. It seems that on the birth of every child in Duluth a bottle of this dangerous drug is sent to the parents by the energetic pushers who are behind it.

* * *

Common Colds. Atkinson, (British Medical Journal) writes so positively of his good results attained by giving thirty minims of spirit of nitrous ether with thirty drops of aromatic spirits of ammonia in an ounce of water, to be repeated in two hours, then continued every four hours. If the mucous discharge is thick when first seen, give a snuff of one part cocaine, two parts menthol, and one hundred parts boracic acid. Most of use will hail with delight anything which will aid us to more satisfactorily treat this every day bugbear, a common cold.

* * *

The Nose and the Brain. The nose was believed by the ancients to be a kind of a waste pipe by which the superfluous liquid was discharged from the brain; hence a cold was looked upon as a provision for "purgamentum cerebri." It was not until the middle of the seventeenth century that this error was dispelled by Conrad Victor Schneider, who showed that the source of the discharge in nasal catarrh was not the ventricles of the brain, but the mucous membrane which now bears his name. The notion that the nose is a conduit for the escape of the peccant humors of the brain survived almost to our day. It was pleaded for the vile habit of snuff-taking that it helped to clear the brain and in old days the profundity of the theologian was measured by the amount of snuff he consumed. Napoleon carried his capacious pockets in his waistcoat full of snuff and he was imitated for many years by others.

* * *

A Responsible Lunatic. A citizen of Kentucky was recently placed on trial by a jury at his own request and sent to the asylum on his own testimony. He said that he had distinct impulses to kill his wife and children and burn his house and then kill himself. He feared these impulses would be so strong that he would be unable to resist them and hence his application to the court to be sent to the asylum, which request was quickly granted. He manifested great joy that he was to be restrained in such a manner that his wife and children would be safe. Such a case as this raises the point as to accountability, particularly as to the right and wrong test. If this man had killed his family he would have been held legally accountable under certain applications of the right and wrong test, which holds that if the man knows the nature of and quality of the act and knows that it is wrong, then he is to be punished. The fact that he recognized the act as wrong showed that he was rational, hence the court committed a man to the asylum who was rational, a gross miscarriage of justice, though it possibly saved lives.

* * *

Body Exhumed as a Result of Unfounded Attack on Physician. Some eight months after the death and interment of a widow, aged 63, in London,

the brother of the deceased made affidavit that the physician was in a great hurry to get the body buried. He also said that he believed that the death of his sister was due either to the administration of improper drugs or to incorrect treatment. At the inquest which was held the doctor stated that he had first treated the woman for dyspepsia in 1898. Three years later symptoms of cardiac degeneration set in. In 1904 Dr. Rose Bradford saw the patient with him and concurred entirely with the treatment. As to the funeral, he had nothing to do with it. Evidence was given by Dr. Wilcox of the home office analysis, and Dr. F. J. Smith, professor of Forensic Medicine at the London Hospital, that the body showed no evidence at all of poisoning. The jury rendered a verdict that the certificate given by the doctor was correct and that there were no grounds for the imputations made.

* * *

The Patrick Case in New York is still attracting considerable attention Mr. Wm. M. Rice, aged 84, died from what his attending physician ascribed as natural causes. Within two hours after his death the body was embalmed with "Falcon embalming fluid, which contains formaldedyde gas in solution. The autopsy forty-one hours later and following was found left lung congested and edematous, and right lung same, and a small area of consolidated lung tissue about the size of a twenty-five cent piece in lower lobe." The prosecution claimed that this congestion of lungs was due to chloroform administered by Patrick. Expert testimony was arrayed on both sides. The Medico-Legal Society of New York became so interested in the subject that they appointed a committee to report on the case. One of the points was that they were to report on was: "Could the injection of this embalming fluid two hours after death, before rigor mortis set in, cause this congestion of the lungs?" They answered that it could not, but it could cause a condition that could not be differentiated from congestion with the naked eye The medical testimony cannot be reviewed in the supreme court but it is within the province of the governor to appoint a commission to report on the case.

* * *

Advice Gratis Refused. It seems that in London certain barristers are appointed to give legal advice free to the poor as we do so much in medicine. To a Mr. Fordham, one recently appointed to do this work, applied a man who presented a document addressed to himself with the prefix "Esquire." "I think," said Mr. Fordham at once, "that an esquire should pay for legal advice. I only sit here to give advice to the poor." This produced a protest from the applicant that he was not rich and Mr. Fordham read the document further, only to discover that it related to the alleged sale of a phonograph costing four guineas. He cautiously inquired whether this was an investment with a view to earning money with what he justly described as an expensive toy, and on being answered in the negative he refused to go further into the matter saying that a man who could afford such a luxury could afford a half guinea for a solicitor. Solicitors will no doubt be grateful to the magistrate, and medical men will wish it understood that the purchaser of the four-guinea phonograph might find it as difficult to procure medical assistance gratis as he did to obtain a legal opinion upon his position. This reminds us of the woman who was standing in line at a free clinic in America and was robbed of some eighty dollars by a less opulent patient. Also of the lady whom the assistant saw lingering about the waiting room after she had been treated, and asked if he could do anything further for her, and was met with the reply: "Oh, no, I am only waiting 'till they get through treating my maid."

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY
J. P. THORNE, M. D.
JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:
$1.00 Per Year in Advance; Single Copies, 10 Cts In the United States, Canada and Mexico. Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 9 DECEMBER, 1906 No. 12

EDITORIAL NOTES

We have some unusually good matter by good writers in preparation for The Recorder for 1907.

We extend the season's greetings to our readers and wish that each may find next year the happiest, most profitable and most prosperous of his life.

There are many abuses within the medical profession which are detrimental to the best interests of the gental practitioners, such as overcrowding of the profession, medical college, hospital and dispensary abuses, etc. We should like to have our readers express their views on these important subjects and suggest remedies.

Dr. J. R. Landers died at his home at Teheran, Ill., November 9. Dr. Landers was born in Kentucky, August 4, 1861, graduated at the Hospital College of Medicine in 1885, and engaged in practice in Illinois. He was a scholarly man and an able practitioner. He was a regular contributor to The Recorder and we regret his untimely death.

Dr. Burdick's article in this issue makes interesting reading. His exposure of graft in the courts is worthy of careful consideration. It is a serious matter when the courts are corrupt. Dr. Burdick has the courage to express his convictions in no uncertain manner. Dr. Burdick's article in The January Recorder will be equally interesting.

This number completes the ninth annual volume of The Recorder. The year 1906 has been a very prosperous year all over this great country and among all classes of people, and The Recorder has shared in the general prosperity. During the past year our subscription list has grown and we shall enter upon next year's work with greater strength than ever.

The Recorder was established as a local medical journal, but it soon outgrew its local character as it was different from the other journals, and now it has subscribers in every state in the Union and in foreign countries. The Recorder will continue to be independent in every respect, not being connected with any drug firm, manufacturing house, book publishing house or society.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

MODERN PHYSIO-THERAPY. A System of Drugless Therapeutic Methods. By Otto Juettner, A. M., Sc. M., M. D., M. E., Ph. D., Professor of Practice at the Cincinnati Post-Graduate School of Physiological Therapeutics. Editor of International Journal of Therapy, Etc. Pages, 520. Illustrated. Cloth. Price, $6.00. Harvey Publishing Co., Cincinnati, Ohio..

At the present time the profession is especially interested in physio-therapy on account of its success, especially in chronic diseases. This new book gives just the information desired on the principles and practice of physio-therapy. The subjects considered in the first part of the book are the philosophy of physiological therapeutics, personal hygiene, dietetics, physiological effects of heat and cold, mechano-therapy, force and force-modalities, the therapy of light, the elements of electro-physics and electro-mechanics, therapeutic uses of galvanic, faradic, static and high-frequency currents, X-ray diagnosis, principles and practice of X-ray therapy.

Part second is an alphabetic therapeutic index of diseases, with explicit directions how to treat them by modern drugless methods. The more common conditions, such as diseases of women, skin diseases, Bright's disease, constipation, diabetes, dyspepsia, functional, reflex and nervous diseases, tuberculosis, heart-disease, etc., etc., are exhaustively discussed from every point of view. The technique of all applications, electrical and otherwise, is clearly set forth.

This book covers the whole subject of physiological therapeutics so thoroughly that every physician needs the work in his library. The book will be frequently referred to and will soon repay its cost many times over. Vibratory therapeutics, photo-therapy and other drugless methods of treatment are coming into general use by physicians, and this book gives the practical knowledge of their application which the practitioner requires. The book is splendidly printed and bound and profusely illustrated.

REPORT OF THE WELLCOME RESEARCH LABORATORIES at the Gordon Memorial College, Khartoum. Andrew Balfour, M. D., B. Sc., F. R. C. P. Edin., D. P. H. Director. Pages, 255. Cloth. Illustrated. Published by Department of Education, Sudan Government, Khartoum.

The Wellcome Research Laboratories at the Gordon Memorial College, Khartoum, were established: a. To promote technical education. b. To promote the study, bacteriologically and physiologically, of tropical disorders, especially the infective diseases of both man and beast peculiar to the Sudan, and to render assistance to the officers of health, and to the clinics of the civil and military hospitals. c. To aid experimental investigations in poisoning cases by the detection and experimental determination of toxic agents, particularly the obscure potent substances employed by the natives. d. To carry out such chemical and bacteriological tests in connection with water, food stuffs, and health and sanitary matters as may be found desirable. e. To promote the study of disorders and pests which attack food and textile producing and other economic plant life in the Sudan. f. To undertake the testing and assaying of agricultural, mineral and other substances of practical interest in the industrial development of the Sudan.

The first report of these laboratories was issued in 1904. The second report, just published, shows that the objects for which these laobratories were es-

tablished are being successfully attained. This volume contains an immense amount of valuable information concerning the Sudan and its people. Considerable space is given to mosquito work; other biting and noxious insects are considered. The diseases and habits of the people are discussed at some length. This book shows that the staff of the laboratories has accomplished much valuable and original work of interest to the medical profession in all parts of the world. The volume is elegantly illustrated, containing twenty-one plates and one hundred and six other illustrations.

THE EAR AND ITS DISEASES. A Text-Book for Students and Physicians. By Seth Scott Bishop, M. D., LL. D., Honorary President of the Faculty and Professor of Diseases of the Nose, Throat and Ear in the Illinois Medical College; Professor in the Post-Graduate School and Hospital of Chicago; Surgeon to the Post-Graduate Hospital and to the Illinois Hospital, etc. Illustrated with 27 Colored Lithographs and 200 Additional Illustrations. Royal Octovo. Pages, 440. Bound in Extra Cloth. Price, $4.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia, Pa.

This book is an outgrowth of Dr. Bishop's work on "Diseases of the Nose, Throat, and Ear," which has had a large sale and has been adopted as a text-book in many of the medical colleges, but in which it was necessary to have the section on the ear considerably abridged. This new work on the ear is sufficiently voluminous to make it a satisfactory manual for both the practitioner and student. The anatomy and physiology of the ear are given in detail, which is of importance in work of this kind. The proper examination of patients is described so as to be clear to even a beginner. The diseases of the ear are all carefully presented and the proper treatment given. The descriptions of all operative measures are very clear and explicit, the presentation of the mastoid operations being especially commendable. Dr. Bishop is a safe guide as the measures he advocates have been proven of value. A valuable chapter of statistics is given, based on a study of twenty-one thousand cases of diseases of the ear, nose and throat. The book is splendidly illustrated with both colored and other illustrations. We can commend this book to all practitioners desiring a comprehensive, up-to-date, practical work on diseases of the ear.

THE SQUARE DEAL, or Flashes from the Business Searchlight. By Herbert B. Mulford, Wall Street Correspondent and Financial Editor of The Chicago Evening Post, and Trumbull White, Author of "The World's Progress." Pages, 426. Illustrated. Half Leather and Cloth. Price, $3.50. Thos. J. Cooper & Co., 132-134 Lake St., Chicago.

One of the authors says: "Roughly speaking, the contents of the volume may be described as including everything bearing on the public interests in industrial, financial and political betterment. In other words, the expounding of the 'square deal' policy by expounding the evils and errors that have stimulated the demand for the 'square deal.'" The book takes up for a complete discussion the tremendous financial interests that have assembled in a money group of corporate magnates. It is shown that a single board of directors represents interests controlling money to the amount of $11,000,000,000, or more than one-tenth of the wealth of the United States. The book treats, in fascinating chapters, all of the ramifications of the money power, tracing it through banks, life insurance companies, railways, industrial trusts, boards

of trade, stock exchanges, and every such organization as enters into the complex system of high finance. The inside truths of the financial, industrial and business world are revealed, but there is no acrimoney in it, but a record of the things that have happened and are happening today. The subject of political purification, municipal, state, and national,is discussed. The history and progress of the struggle between labor and capital are given. The volume contains several hundred excellent illustrations.

THE PRACTICAL MEDICINE SERIES. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery, Under the General Editorial Charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Vol. VII. Pediatrics. Edited by Isaac A. Abt, M. D., Professor of Pediatrics, Rush Medical College. Orthopedic Surgery. Edited by John Ridlon, A. M., M. D., Professor of Orthopedic Surgery, Northwestern University Medical School, and G. L. Bailey, M. D., Instructor of Orthopedic Surgery, Colleges of Physicians and Surgeons. Series 1906. Pages, 267. Illustrated. Cloth. Price, $1.25. Price of the Series of Ten Volumes, $10.00. The Year Book Publishers, 40 Dearborn St., Chicago.

In this volume Dr. Abt reviews many of the important papers of the year on pediatrics, adding suggestive and helpful notes. Some of the most important papers are presented at some length. No startling progress has been made in pediatrics during the year, but many practical papers and reports of laboratory investigations have been made.

The section on orthopedic surgery presents a summary of leading articles in that department of practice. Tubercular and syphilitic affections of the joints receive considerable attention. The discussion of congenital dislocation of the hip gives the views of various operators on the two methods of treatment, bloodless and "bloody." The volume contains twenty-nine illustrations, several of them full page plates.

BOOK NOTES

Dr. Finley Ellingwood, of Chicago, so long and favorably known as the editor of The Chicago Medical Times, will start a new magazine in January to be called Ellingwood's Therapeutist. Dr. Ellingwood's text-book on materia medica and therapeutics is justly popular with the profession and has had a large sale. The new magazine will be an assured success with Dr. Ellingwood's experience as a writer, teacher and practitioner.

The Physicians' Visiting List for 1907, has been issued, the fifty-sixth year of the publication of this visiting list. In addition to record of visits, the book contains chapters on Poisoning, Asyphyxia and Apnea, Incompatibility, Poisoning, Dose Table and other useful tables. The book is well bound in leather, arranged for twenty-five patients per day or week, at $1.00; for fifty patients, $1.25. It is published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

Some of the contents of McClure's Magazine for December are: "Little Bo-Peep," (A story illustrated from drawings by Frederic Dorr Steele, reproduced in tint), by Myra Kelly; "Reminiscences of a Long Life," (illustrated with portraits and views, reproduced in tint), by Carl Schurz; "A Salutation to Russia," (A poem illustrated from drawings by Albert Sterner, reproduced in tint), by Florence Wilkinson; "The Wages of Salvation," (illusrated), by Mrs. Wilson Woodrow; "Clancy of the Jack-Pot" (illustrated), by Charles Frederick Holder; "The

Sorrows of Giuseppe," by George Allan England; "Ben B. Lindsey: The Just Judge," (Part III.) by Lincoln Steffens; "On the Ridge," (in tint) by Mary Stewart Cutting; "The Debts of Antoine," (illustrated) by W. B. MacHarg; "The Story of Montana," (Part V. Illustrated with portraits) by C. P. Connolly.

The Christmas Everybody's is full to overflowing with the holiday spirit. There are ten well-known writers of fiction represented in the number, and five important special articles. A notable contribution is the first instalment of Thomas W. Lawson's story, "Friday, the 13th," a dramatically interesting romance of Wall Street and its ramifications. It has been the general expectation that Mr. Lawson could tell an intensely interesting story, but few have guessed his command of a vivid and finished narrative style as applied to the purposes of fiction. "The Terrible Story of the Congo," by Robert E. Park, is a bitter arraignment of King Leopold and a full exposure of the most unjustifiable conditions existent in the civilized world today. Charles Edward Russell, in his "Soldiers of the Common Good," continues his account of the marvelous success of New Zealand's "Labor" government along the lines of experimental legislation. But, after all, this is a Christmas magazine, as Eugene Wood's "A Christmas Thought" and Vance Thompson's "Where the Toys Come From" will indicate. A remarkable feature is the reproduction in color of Alphonse Mucha's paintings illustrative of the Beatitudes.

Ida M. Tarbell, "Mr. Dooley," William Allen White, Clara Morris, George Madden Martin, Mary Stewart Cutting, David Grayson, Stewart Edward White, Samuel Hopkins Adams, Edward Peple and others have made The American Magazine for December a really notable number. Miss Tarbell's new historical serial, "The Tariff in Our Times," opens with an immensely interesting description of the part the tariff played in the financing of the Civil War. It is a story giving promise of being much livelier and much more significant than the "History of Standard Oil." "Mr. Dooley" on "The Christmas Spirit," is another contribution of knowledge from F. P. Dunne. William Allen White's right thinking is always set in the midst of whimsical and affectionate pictures of life that refresh the heart and please the mind. "Science, St. Skin-

WILLIAM ALLEN WHITE

flint and Santa Claus," a little Christmas talk by Mr. White, is most interesting. Other articles in the number are "Mile-a-Minute Madness," an automobile article by Walter Prichard Eaton, and "The Daly Banquet," by Clara Morris. An unsigned letter—"Out of the Heart"—presents a southern woman's view of the negro problem. The monthly editorials by the staff are run under the title "In the Interpreter's House." The fiction is good.

The Christmas Cosmopolitan contains much that is seasonable and interesting. It opens with a "thumbnail sermon" by Ernest Crosby, "The One Un-

selfish Day." In "The Voyage of the 'Snark'" Jack London tells of his proposed 'round-the world trip for the Cosmopolitan, in his little forty-five foot, ketch-rigged boat with Mrs. London, her uncle, a cook, and a Japanese cabin-boy. The author of "The Sea Wolf" expects to be gone several years and will write the story of his voyage for The Cosmopolitan. Chas. E. Russell writes on "Caste—The Curse of India," which retards progress, discourages education and destroys ambition. "The Grind Behind the Holidays," by Edwin Markham, tells of the child labor employed in making Christmas goods. "The Perils and Pleasures of Ballooning," by Dr. J. P. Thomas, is an interesting account of the experiences of a noted aeronaut who has made many daring ascents by night as well as by day and had narrow escapes from death. Other leading articles are: "The Girl Who Travels Alone," by Eleanor Gates; "Recipes for Making Stars," by Allan Dale; "What Life Means to Me," by Ella Wheeler Wilcox; "Story of Andrew Jackson," by Alfred Henry Lewis. The number contains several good Christmas stories. The illustrations are numerous, many of them in color.

Leading articles in the December World To-Day are: "The Five-hundred-mile City" (illustrated) by Frederick W. Coburn; "Back to the Land," by H. Rider Haggard; "Present Status of Woman Suffrage," by Ida Husted Harper; "The Referendum at Work" (with portraits), by William Macleod Raine; "The American Bird-Dog" (illustrated), by J. E. Isgrigg; "Reaction in Russia" (illustrated), by Samuel N. Harper; "The Shortage of Freight Cars," by J. W. Midgley; "George Mededith—The Last of His Peers," by Henry W. Nevinson; "The Masque of the 'Shooters'" (illustrated) by Warwick James Price; "A 10,000,000 Man-Power Fighting Machine," (illustrated) by Livingston Wright; "Where Commercialism is Crowding out Romance" (illustrated), by Herbert Vanderhoof; "San Francisco and the Japanese," by William H. Thompson; "Saving the Farmers' Millions," by James Linn Nash; "Supplying Submarines for the Russian Navy" (illustrated), by Arthur C. Johnson; "The Profession of Forestry for Young Men," by George Ethelbert Walsh; "Physical Training in Japan" (illustrated), by Charles W. Hurd; "Australian Street-Car Service" (illustrated), by C. Arthur Williams; "Emergency Hospitals in Amusement Parks," by Charles J. P. Lucas. The departments and editorials are excellent as usual, thoroughly covering current events. The number is profusely illustrated. The World To-Day is $1.50 per year but it is equal to any of the magazines published at $3.00 or $4.00.

RUNDSCHAU

(Continued from page 399)

The patients complain of nervousness, dyspepsia, headache, palpitation, dizziness, faintness, insomnia, cold hands and feet, and increasing paleness and weakness, and the physician is likely to think of pernicious anemia or grave cachexia. The stools are microscopically normal, chemically they show blood, and rectoscopic examination reveals the presence of hemorrhoids high up in the gut. They should be treated by the paquelin or c. p. nitric acid, and when so treated all symptoms are promptly relieved. Other obscure causes of bleeding from the intestine are anchylo-stomiasis and bothriocephalus infection. These hemorrhages are relieved by the expulsion of parasites. Other intestinal hemorrhages should be controlled by the hemostatics in ordinary use. When they fail to respond surgical interferance may have to be restored to.

THE DOCTORS' WORLD

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Sir William Henry Perkin, the eminent British chemist, recently celebrated his discovery of coal tar products fifty years ago. This discovery has been one of the greatest importance in both commerce and medicine; it started the immense business of the coal tar dyes and other commercial products, as well as opened the way for the discovery of the many coal tar medicinal agents. Sir William Perkin delivers a series of lectures this winter at Columbia University.

SIR WILLIAM HENRY PERKIN

A Christmas Story.—Dr. E. S. McKee contributed a story, last Christmas, to the Journal of the American Medical Association, which will bear reprinting and re-reading:

"About eighteen years ago I was called to see a patient, a recent arrival from Russia, whom we will call Mrs. Blankenstein. She was very ill indeed, and I found it necessary to see her every day for a month, commencing December 15. She recovered and in due time I sent my bill. In somewhat overdue time her husband came to my office to pay it. The following was his plea: "'Mr. Doktor, dat bill you zendt mein vife, he's all dright, but vone dem visits you make mein vife you makes hime ond a Christmas day, and I vandts you make me a bresent dat visit you makes mein vife ond a cristmas day.'" The request was so original, coming from the source it did, so different from the usual demand for a per cent off, that I threw off the visit, made him a 'bresent' of it, instead of charging him double, as I felt like doing, for being taken away from my Christmas turkey.

"I have had many times the worth of the presented visit telling it to my friends. Almost every Christmas since this occurred I have been called to some sufferer, poor in this world's goods, and before leaving I have told the story of the Christmas present of a visit and made the patient a present of the Christmas visit I was then making. The happy smile, the brightened eye of the pale patient has been my reward for working while the rest of Christianity was feasting."

FOR PAIN OF MUMPS

Guaiacol .....1 gm. (gr. 15).
Vaseline.....gm. (oz. 1-3).
Lanolin.....of each 10.

M. S.—For an ointment; use morning and evening.—Int. J. of Therapy.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

TESTS SHOWING GERMICIDAL VALUE OF CRESOLENE

During the summer of 1900, C. J. Bartlett, M. D., of the Pathological Laboratory of Yale University, made a series of tests to determine the germicidal value of cresolene, both vaporized and in solution. The following is an abstract from the results:

Vaporized Cresolene on Diphtheria Bacilli.—Diphtheria bacilli were planted on the surface of blood serum in sterilized Petri dishes, and freely exposed to the air in an enclosed space of one hundred and nineteen cubic feet, the heat of which was regulated by a thermostat to that of the body. Sterilized water in small quantities was poured into the dishes at times, but not upon the surface of the serum, to keep it from becoming too dry. At the end of twenty-six hours of exposure to the vapor of cresolene, there was no growth evident on the serum; also, smears from the latter made on other specimens of serum failed to give any growth, showing that in the serum freely exposed to cresolene vapor the diphtheria bacilli were apparently killed. To settle the question whether the drying of the surface of the serum alone might be sufficient to prevent growth, a control experiment was made as above, except that no cresolene was used. Of the four specimens of serum exposed to the air, two showed a growth at the end of the eighteenth hour, while the other two showed but little. Cultures made from each one of the specimens revealed abundant diphtheria bacilli. These tests show that under the same conditions employed in the first experiment minus the cresolene vapor, bacilli developed.

A second experiment was made to verify the first, the time of exposure to cresolene being sixteen hours instead of twenty-six hours. At the end of that time there was no growth, nor did this appear on covering the dishes up twenty-four hours at body temperature. Smears transferred to serum in tubes remained sterile.

From the foregoing it may be assumed that the constant inhalation by a diphtheritic patient of air impregnated with cresolene results in a more decided germical action than when the bacilli are simply exposed to the action of the vapor of cresolene on dishes.

Cresolene in Solution on Diphtheria Bacilli.—Cresolene was used in solutions of the strength of one per cent and one-half per cent in water or bouillon. A few drops of bouillon cultures of diphtheria bacillus were added to a few c. cm. of the diluted cresolene, and a loopful of this mixture planted in meat extract bouillon at definite periods. In a few cases one per cent cresolene was mixed in equal amount to bouillon cultures of the diphtheria bacillus, and inoculations made from this. This insured the presence of a large number of bacilli, and the results obtained were practically the same as by other methods of dilution. The tubes were kept at thermotat temperature for five days or more without noting the final results. In nine tests with one per cent solution, inoculations made within fifteen to thirty seconds after mixing gave no growth. In fourteen tests, with one-half per cent solution, inoculations made thirty seconds after mixture revealed growth only three times, while if made one minute or more after, there was no growth

at all. Control cultures were made which gave good growth.

INTERNATIONAL CHEMICAL COMPANY

Successors to Leininger Lowe and Purox Chemical Company

The International Chemical Company, whose advertisement will be found on page xxxiv, embraces the Dr. Geo. Leininger Chemical Company, the Purox Chemical Company, and the Dr. Lowe Formaldehyde Company.

All three companies have been successful and are well known, but the career of the Dr. Geo. Leininger Chemical Company is a particularly striking example of what emergency, honesty, and enthusiasm, backed up by meritorious chemicals and excellent business methods can do.

But six years ago ,the Leininger concern commenced business under the name of the Dr. Geo. Leininger Chemical Company, with a very small capital. Since then, the company has managed to purchase its own property, erect a modern brick factory and office, and pay a dividend of 12½ per cent on year, 1904, 25 per cent in 1905, and 50 per cent in 1906, ending September 15th 1906.

The name, "Dr. Geo. Leininger Chemical Company" is known in the furtherest commercial outposts of the larger America, in fact sell their solidified formaldyeyde and apparatus all over the earth.

The Purox Chemical Company manufacture disinfectant cabinets for all kinds of public buildings, such as hospitals, schools, churches, libraries, and for private concerns. This is also a successful, high-grade concern, well and favorably known.

The third member of the "combine" is the Dr. Lowe Chemical Company, manufacturing solidified formaldehyde, and using in connection with the same permanganate potassium in volatilizing gas out of the formaldehyde which is a marvelous success.

The International Chemical Company owns its own buildings, but we understand is seeking to erect a larger factory to take care of its rapidly expanding business.

A FAIR TEST OF CALCALITH

From Dr. Toland, down in Texas, comes the statement: "There's nothing surpasses calcalith (Abbott). I gave it a fair test two weeks ago in a patient who had cystitis, prostatitis, urethritis and gonorrheal rheumatism and was passing 'matter' (pus and blood) with his urine. He surely was in a bad condition, but calcalith with other alkaloidal remedies (calcium sulphide and tonics) soon brought him around all right."

Dr. Harry Tyldesley, of Central City, Ky., says: "Vasculin gives speedy and happy results in dysmenorrhea and ovarian neuralgia. It is an excellent remedy in irritable and congested states of the genito-urinary organs of both sexes, also controlling the backache and weakening dragging sensations. Vasculin is palatable, harmless and effective."

Digestets are of marked benefit in the treatment of intestinal and hepatic indigestion, assisting in the conversion of starchy foods, increasing the supply of digestive juices, relieving flatulence and removing constipation. Digestets are beneficial in catarrh of the bile-ducts and duodenum, alleviating and preventing hepatic colics. Samples free of M. M. Foy & Co., 1100-02 Hamilton Ave., St. Louis.

Sal hepatica is a good laxative. Samples free of the Bristol-Myers Co., 277-279 Green Ave., Brooklyn, New York.

PRESCRIPTIONS

By J. A. Burnett, M. D.

THRUSH.

This is very useful in most cases, especially in yellow thrush:

℞
Tinct. iodine .....ʒj.
Glycerine .....ʒvj.

M. Sig.—Apply freely with a swab. Or one of the following:

℞
Nitrate of silver.....gr. x.
Water .....℥j.

M. Sig.—Apply with swab.
Another very good one:

℞
Potassium permanganate...gr. j.
Water .....℥j.

M. Sig.—Apply with swab. Also:

℞
Sodium hyposulphite.....ʒj.
Rose-water .....℥j.

M. Sig.—Use with swab.

A good internal remedy is:

℞
Mercury with chalk.....gr. j.
Pulv. hydrastis .....gr. ij.
Bismuth subnitrate .....gr. iij.

M. Sig.—This is one dose, to be repeated every two, three or four hours, as needed.—J. A. Burnett, M. D.

SUPPURATIVE OTITIS MEDIA.

℞
Formalin .....m i.
Phenic acid .....gr. v.
Alcohol.
Water .....q. s. ad ℥i.

Sig.—Apply 5 drops to the ear by means of an eye pipette.—L. S. Somers, M. D., in Merck's Archives.

℞

FOLLICULAR TONSILLITIS.

Laurens uses the following gargle:

℞
Sod. biborat 6.0
Glycerini 10.0
Aq. menth. pip..... 40.0
Aq. dest.....100.0

—Gazette des Hopitaux.

HERPES ZOSTER.

℞
Lanolin.
Vaselin .....equal parts.
Cocain, mur. .....1 per cent.

Sig.—Apply locally.—Medical World.

CHRONIC GASTRITIS.

℞
Acidi salicylici .....gr. xxiv.
Oleoresinæ capsici .....gtt. vi.
Strychninæ sulphatis ...gr. ss.
Ext. gentianæ .....gr. xxiv.

M. et ft. pil. No. xxiv. Sig.—One after meals.—Indian Medical Record.

HYPERIDOSIS AND BROMIDROSIS OF AXILLAE

℞
Talci .....℥ss.
Tannaformi .....ʒi.
M.

℞
Acidi salicyli .....gr. xv.
Magnesiae .....ʒizj.
Talci .....℥ss.
M.

At night the following paste may be applied:

℞
Pyrogallol.
Resorcin.
Zinci oxidi .....aa ʒss.
Lanolini .....℥ss.
Vaselini .....aa ʒiii.

Leredde in Medical Review of Reviews.

ANESTHESIA

From all sides come reports attesting the remarkable efficacy of the new method of securing surgical anesthesia with "hyoscine, morphine and cactin compound, Abbott." The surgeons are taking it up with something akin to enthusiasm. The writer had recently the opportunity of witnessing three serious operations performed under this anesthesia. One was an appendicitis. This patient had two injections of one tablet each, two hours apart. After the last one the attendant came to report nervously that the respiration had fallen to six per minute! The surgeon got up leisurely and remarked that the patient was about ready for the operation, and without concern proceeded with the work. No nausea, no assistant to see to the anesthetic, no unrest, bronchitis or nephritis, but perfect anesthesia for hours, allowing plenty of time for careful work, with hours of quiet sleep thereafter. Surely this is pretty close to the ideal.

Several physicians have reported similar ideal results from this combination in obstetric cases. Smaller doses, however, are used (half size) and care should be taken not to begin too early. This combination is also the best we possess for false pains and pending miscarriage, especially from excess of fœtal activity.

Other reports coming in indicate that the profession is applying this anesthetic combination in a wide range of other pointed cases. Several have testified to its superior efficacy in relieving the atrocious pangs of hepatic and renal colic, where it leaves the old morphine-atropine combination hopelessly in the rear. A few doses may also well be used to produce sleep in morphine cases, while the regular dope is being gradually reduced. This will probably prove efficient and safer than hyoscine alone. It is now an established fact that hyoscine, when chemically pure, is not therapeutically identical with scopolamine as some claim. Results unqualified by disprove their assertion. The triumph of this anesthetic "hyoscine, morphine and cactin compound, Abbott," is again a triumph for chemical purity and definiteness of drug application.—Clinical Medicine.

TREATMENT OF CHANCRE

The novice is too prone (George H. Candler, M. D., in Office Practitioner) to resort to extreme measures early. In delayed cases where the patient has attempted to treat himself and the sore has become ulcerative or bears a false membrane which breaks down each day with an abundance of foul discharge, it will be well to use carbolic acid once or twice. Its use must be thorough but sparing and neutralized with alcohol. subsequent dressing with dolomol-aristol, ichthyol, iodoform and similar compounds will prove beneficial and convenient. In large lesions where wet dressings are impossible, or under the prepuce the dolomol powders are especially useful. Chancre in women usually responds to cleanliness and the same dry dressing after thorough cleansing with weak carbolic or bichloride solution.

If you are interested to know that papayans bell remove indigestion, send for samples and we will send you enough tablets, at our own expense, to prove to you that they do remove indigestion more satisfactorily and thoroughly than any animal or vegetable ferment, or any acid or alkali, or combination that has been introduced to physicians. This is a strong statement, but trial will prove it, and trial is the only proof of efficiency. Results are the best argument. Write for samples, and we will send the proof that papayans bell remove indigestion. It will cost you nothing to be your own judge. Bell & Co., (Inc.) 68 Murray St., New York.